

**LOS ANGELES COUNTY / HARBOR-UCLA MEDICAL CENTER  
PROFESSIONAL STAFF ASSOCIATION  
BYLAWS**

Revised and approved: March 16, 2016

**LOS ANGELES COUNTY / HARBOR-UCLA MEDICAL CENTER  
PROFESSIONAL STAFF ASSOCIATION BYLAWS**

APPROVED by the Professional Staff Association on January 6, 2016

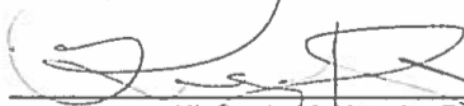


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Brant Putnam, M.D.  
President, Professional Staff Association  
Los Angeles County / Harbor-UCLA Medical Center

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APPROVED by the Interim Chief Executive Officer on

3/15/16



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Kimberly McKenzie, R.N., M.S.N., C.P.H.Q.  
Interim-Chief Executive Officer  
Los Angeles County / Harbor-UCLA Medical Center

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APPROVED by the Chief Medical Officer of Health Services on

3/16/16



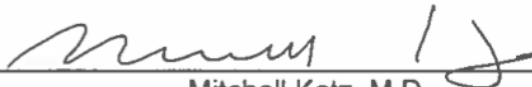
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Hal Yee, M.D.  
Chief Medical Officer of Health Services  
Los Angeles County Department of Health Services

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APPROVED by the Director of the Los Angeles County Health Agency

on

3/16/16



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Mitchell Katz, M.D.  
Director  
Los Angeles County Health Agency

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**PREAMBLE**

These Bylaws are adopted in order to provide for the organization of the medical staff of Los Angeles County Harbor/UCLA Medical Center and to provide a framework for self-government in order to permit the medical staff to discharge its responsibilities in matters involving the quality of medical care, and to govern the orderly resolution of those purposes, subject to the ultimate authority of the Hospital Governing Body. These bylaws provide the professional and legal structure for medical staff operations, organized medical staff relations with the Governing Body, and relations with applicants to and members of the medical staff.

**DEFINITIONS**

1. 2113-CERTIFIED PHYSICIAN means a physician who has been granted a Section 2113 certificate by the State of California.
2. ADMINISTRATIVE RESIDENT means a resident who has successfully completed his/her residency program and is working an additional year in an administrative capacity.
3. ALLIED HEALTH PROFESSIONAL means an advanced practice provider, other than a physician, podiatrist, dentist, or clinical psychologist, who exercises independent judgment within the areas of his/her professional competence and the limits established by the department, Association, and applicable law; who is qualified to render direct or indirect patient care under the supervision of an Association member; and who is licensed and has been accorded privileges, or works under standardized procedures, to provide such care in the Medical Center.
4. ASSOCIATE MEDICAL DIRECTOR means an individual appointed by the Chief Medical Officer who reports to the Chief Medical Officer and whose position in the Medical Center is to assist the Chief Medical Officer in providing administrative support for the Association.
5. ASSOCIATION means the formal organization of licensed or Section 2113 certified physicians, dentists, podiatrists, and clinical psychologists at the Medical Center which is known formally as the Professional Staff Association of the Los Angeles County Harbor-UCLA Medical Center.
6. ASSOCIATION YEAR means the period from the first day of July to the last day of June, inclusive.
7. CHIEF EXECUTIVE OFFICER or ADMINISTRATOR means the person, whose title is Chief Executive Officer, appointed by the Governing Body to act on behalf of the Governing Body in the overall management of the Medical Center.
8. CHIEF MEDICAL OFFICER means the physician, whose title is Chief Medical Officer, appointed by the Director with concurrence of the Dean of the UCLA School of Medicine.
9. CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the person, whose title is Chief Medical Officer of the Department of Health Services.
10. CHIEF NURSING OFFICER means the nurse, whose title is Chief Nursing Officer, appointed by the Hospital Chief Executive Officer.
11. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner or allied health professional to render specific diagnostic, therapeutic, medical, dental, podiatric, surgical, or clinical psychological services at the Medical Center.

- 127 12. CLINICAL PSYCHOLOGIST means an individual who holds a doctoral degree in  
128 psychology conferred by an approved school and who is licensed to practice  
129 clinical psychology in the State of California.  
130
- 131 13. COUNTY means Los Angeles County unless otherwise stated.  
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- 133 14. COUNTY CIVIL SERVICE CLASSIFIED EMPLOYEE means an individual serving  
134 Los Angeles County with compensation by Los Angeles County.  
135
- 136 15. COUNTY CIVIL SERVICE UNCLASSIFIED EMPLOYEE means an individual  
137 serving Los Angeles County without compensation by Los Angeles County.  
138
- 139 16. DAY(S) means calendar day(s) and not business or working day(s), unless  
140 otherwise indicated.  
141
- 142 17. DENTIST means an individual who is a graduate of an approved school of  
143 dentistry and who is licensed to practice dentistry in the State of California or who  
144 has been granted a special permit by the Dental Board of California.  
145
- 146 18. DEPARTMENT means an administrative unit representing a medical specialty  
147 recognized by the American Board of Medical Specialties and granted  
148 departmental status under these bylaws. These usually correspond to similar  
149 Professional School departments. A department may include one (1) or more  
150 divisions. Chair of the Department refers to the role approved by the Executive  
151 Committee to fulfill the duties of chair as designated in these bylaws.  
152
- 153 19. DIRECTOR means the Director of the Los Angeles County Department of Health  
154 Services who serves as the administrator of the Department of Health Services  
155 and its hospitals, including the Medical Center.  
156
- 157 20. DIVISION means a subdivision of a department which may or may not be  
158 recognized as a subspecialty by the American Board of Medical Specialties.  
159
- 160 21. EXECUTIVE COMMITTEE means the Executive Committee of the Association as  
161 described in these bylaws.  
162
- 163 22. EX-OFFICIO means a person who is entitled by these bylaws to a position on a  
164 committee, for as long as he or she holds a certain office, and shall not have  
165 voting rights, except as otherwise provided by these bylaws.  
166
- 167 23. GOVERNING BODY means the Board of Supervisors of Los Angeles County  
168
- 169 24. HOSPITAL or MEDICAL CENTER means the Los Angeles County Harbor-UCLA  
170 Medical Center (or Harbor-UCLA Medical Center) including all inpatient and  
171 outpatient locations, clinics, associated health centers and services operated  
172 under the auspices of the Medical Center's license.  
173
- 174 .25. IN GOOD STANDING means a member is currently not under suspension or  
175 serving with any limitation of voting or other prerogatives imposed by operation of  
176 the bylaws, rules and regulations or policy of the Association.  
177

- 178 26. LIMITED LICENSE PRACTITIONERS means dentists, clinical psychologists, and  
179 podiatrists.  
180
- 181 27. MEMBER means, unless otherwise expressly limited, any physician, dentist,  
182 podiatrist or clinical psychologist holding a current license to practice within the  
183 scope of that license who is a member of the Association.  
184
- 185 28. NOTICE shall be (1) in writing, properly sealed, and through the United States  
186 Postal Service, first-class postage prepaid, (2) by electronic mail; or (3) posted on  
187 a website dedicated to communications with Association members.  
188
- 189 29. PHYSICIAN means an individual who is a graduate of an approved school of  
190 medicine or osteopathy and who is licensed or certified under Business and  
191 Professions Code Section 2113 to practice medicine in the State of California.  
192
- 193 30. PODIATRIST means an individual who holds a D.P.M. degree conferred by an  
194 approved school of podiatric medicine and who is licensed to practice podiatry in  
195 the State of California.  
196
- 197 31. PRACTITIONER means, unless otherwise expressly limited, any physician,  
198 dentist, podiatrist, or clinical psychologist who is applying for or exercising clinical  
199 privileges in the Medical Center.  
200
- 201 32. PRESIDENT means the President of the Association who, as chief officer of the  
202 Association elected by members of the Association, serves as chief of staff.  
203
- 204 33. PROFESSIONAL SCHOOL(S) means the Schools of Medicine and/or Dentistry of  
205 the University of California at Los Angeles.  
206
- 207 34. SPECIAL NOTICE shall be in writing and delivered by personal delivery with an  
208 acknowledgment of receipt or by certified mail, return receipt requested.  
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- 210 35. WRITING means any recorded information, regardless of medium or format; i.e.,  
211 written, audio, visual, electronic, etc.  
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213 **ARTICLE I**

214 **NAME**

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217 The name of this organization shall be the Professional Staff Association of the Los  
218 Angeles County Harbor-UCLA Medical Center.  
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220 **ARTICLE II**

221 **MEMBERSHIP**

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225 **2.1 NATURE OF MEMBERSHIP**

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227 **2.1-1 Eligibility:** Membership in the Association is a privilege which shall be extended  
228 only to professionally competent and licensed or 2113-certified practitioners who  
229 continuously meet the qualifications, standards and requirements set forth in these  
230 bylaws. No practitioner, including those in a medical administrative position by virtue  
231 of a contract with the Medical Center, shall admit or provide medical or health-related  
232 services to patients in the Medical Center unless the practitioner is a member of the  
233 Association or has been granted temporary privileges in accordance with the  
234 procedures set forth in these bylaws.  
235

236 **2.1-2 Membership Distinction:** Membership in the Association is separate and distinct  
237 from any individually granted clinical privileges, and Association membership shall  
238 not automatically confer any clinical privileges.  
239

240 **2.1-3 Employees:** Practitioners employed by the Medical Center in a purely  
241 administrative capacity with no clinical duties are subject to the regular personnel  
242 policies of the Medical Center and need not become members of the Association.  
243 Practitioners employed by the Medical Center whose duties include clinical  
244 responsibilities or functions involving their professional capabilities must apply for  
245 membership in the Association and the appropriate clinical privileges. Persons in  
246 medico-administrative positions who desire Association membership and/or  
247 privileges are subject to the same requirements as all other applicants for  
248 Association membership or privileges.  
249

250 **2.1-4 Non-Eligibility:** Interns or residents enrolled in a core specialty residency  
251 program, allied health professionals, and students shall not be eligible for  
252 membership in the Association. Core specialty residency training does not include  
253 subspecialty training as Fellows or appointment as administrative residents as  
254 defined in these bylaws.  
255

256 **2.1-5 Post-Graduate Physician Trainees:** In accordance with these bylaws, a post-  
257 graduate physician trainee (administrative resident, fellow), who is employed at the  
258 Medical Center as a County Civil Service employee, whether classified or  
259 unclassified, to provide health services as a licensed independent practitioner  
260 outside of his or her training program, may apply for Association membership,  
261 provided that the Association membership and clinical privileges of such person shall  
262 automatically terminate on the date of termination of his or her training program and  
263 such person shall not be entitled to a hearing and appellate review under Article VII,

provided that the practitioner may retain his/her Association membership and clinical privileges, with change in category of membership if requested in writing to the Executive Committee by the chair of the practitioner's department and with concurrence of the practitioner prior to the termination of the contract.

## **2.1-6 Determination of Need**

Medical practice at the Medical Center is different than community hospital practice, with Association members generally assigned Medical Center patients, rather than treating patients from their individual, private practices at the Medical Center. For this and other practice reasons applicable to the Medical Center, there are times when there is no need for additional practitioners in certain fields and with certain skills and talents. Processing applications for membership and privileges for applicants for which there is no need is an unnecessary drain on medical staff resources.

### **2.1-6.1 Closing Applications.**

If a determination is made under this Section 2.1-6, the Executive Committee may decline to accept application for Association membership and/or clinical privileges, notifying prospective applicants of the lack of need.

### **2.1-6.2 Process.**

Department Chair may notify the Executive Committee of their belief that no need exists for further practitioners in a certain field of practice in their Department. The Executive Committee, in cooperation with the Chief Medical Officer and the Medical Center Chief Executive Officer may commission an evaluation of need for such services for the next twelve month period. If that evaluation demonstrates a lack of need, the matter may be presented to the Executive Committee for decision. Any person may appear at the Executive Committee session where this is to be considered to provide their view as to need.

### **2.1-6-3 Duration of Closing and Termination.**

Any decision to decline to accept applications based on need shall expire automatically at the end of twelve months from such decision. The decision may thereafter be renewed using the same process as the initial decision. The executive committee may, at any properly noticed special or any regular session, vote by simple majority to terminate the decision to not accept applications.

### **2.1-6.4 No Hearings.**

The decision to not accept applications based on need is a quasi-legislative action of the Executive Committee. It is not a decision based on any medical disciplinary cause or reason. Potential applicants are not denied based on any element of their application, qualities or qualifications. For these reasons, no hearing rights under the Hearing and Appellate Review Procedures of Article VII of these Bylaws applies to any person who is denied an application based on need.



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**2.1-7 Contracted Practitioners: Contract with County or Non-County Entity:**

Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who has any contract with the County to provide health services at the Medical Center, or who provides health services at the Medical Center under the contract of a non-County entity, unless a change in category is requested and granted, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

**2.2 QUALIFICATIONS FOR MEMBERSHIP**

**2.2-1 Basic Requirements:** Membership and clinical privileges shall be granted, revoked or otherwise restricted or modified based only on professional training, current experience and current competence criteria as set forth in these bylaws.

**2.2-2 Qualifications:** Except for members of the Honorary Staff, in which case these criteria shall only apply as deemed individually applicable by the Association, only practitioners licensed to practice in the State of California or certified under Business and Professions Code Section 2113 who

**2.2-2.1** can document the following:

**2.2-2.1-a** their background;

**2.2-2.1-b** their current California licensure or Section 2113 certification;

**2.2-2.1-c** their adequate experience, education, and training;

**2.2-2.1-d** their current Drug Enforcement Administration certification, if applicable;

**2.2-2.1-e** their current professional competence and good judgment;

**2.2-2.1-f** their current adequate physical and mental health status,;

**2.2-2.1-g** possession of insurance coverage as indicated in Article XVII, if applicable; and

**2.2-2.1-h** their status as not excluded or suspended as a provider of services to Medicare, Medi-Cal or other federally-reimbursed health services programs

with sufficient adequacy to demonstrate to and assure the Association and the Governing Body that they are professionally competent and qualified and that any patient treated by them in the Medical Center can reasonably expect to receive quality medical care;

**2.2-2.2** are determined to adhere to the ethics of their profession, to maintain a good reputation, to be able to work cooperatively with others so as not to adversely affect patient care, and to keep as confidential, as required by law, all information or records received in the physician-patient relationship; and

**2.2-2.3** except for clinical psychologists and dentists practicing general dentistry only, practitioners shall have graduated from a residency training program accredited by the Accreditation Council on Graduate Medical Education and/or the Commission on Dental Accreditation and, at the time of initial appointment, be certified by a specialty board that is under the purview of the American Board of Medical Specialties or be determined to possess the equivalent qualifications from another country or be an active specialty board candidate and have the recommendation of their department chair for such status, provided that this requirement will not be applied to persons employed by the County as Civil Service employees on an hourly basis

shall be qualified for membership in the Association. Persons not fulfilling the third requirement, including, without limitation, board certification, may apply for special consideration and must demonstrate that their education, training, experience, demonstrated ability, judgment and medical skills are equivalent to or greater than the level of proficiency evidenced by this requirement and otherwise meet the requirements of Association membership.

Medical staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, surgery center, or other outpatient service facility, IPA, PPO, PHO, hospital-sponsored foundation, or other organization or in contracts with a third party which contracts with this hospital. Association membership or clinical privileges shall not be revoked, denied, or otherwise infringed upon based on the member's professional or business interests.

**2.2-3 Nondiscrimination:** No applicant shall be denied Association membership or clinical privileges on the basis of age, gender, race, color, religion, ancestry, national origin, creed, disability, physical or mental impairment, marital status, sexual orientation, or any other criterion other than professional qualifications that do not pose a threat to the quality of patient care.

**2.2-4 Economic credentialing:** Association membership and privileges may be granted, continued, modified or terminated by the Governing Body only according to the procedures set forth in these bylaws. Under no circumstances shall economic criteria unrelated to quality of care be used to determine qualification for initial or continuing Association membership or privileges.

## **2.3 PARTICULAR QUALIFICATIONS**

**2.3-1 Physicians.** An applicant for physician membership, except for the Honorary Staff, must hold an MD or DO degree or their equivalent and a valid and unsuspended certificate to practice medicine or Section 2113 certificate issued by the Medical Board of California or the Board of Osteopathic Examiners of the State of California. For the purpose of this section 2.3-1, "or their equivalent" shall mean any degree (i.e., foreign) recognized by the Medical Board of California or the California Board of Osteopathic Examiners.

**2.3-2 Dentists.** An applicant for dental membership in the Association, except for the Honorary Staff, must hold a DDS, DMD or equivalent degree and a valid and unsuspended certificate to practice dentistry issued by the Dental Board of California.

**2.3-3 Podiatrists.** An applicant for podiatric membership in the Association, except for the Honorary Staff, must hold a DPM degree and a valid and unsuspended certificate to practice podiatry issued by the California Board of Podiatric Medicine.

**2.3-4 Clinical Psychologists.** An applicant for clinical psychologist membership in the Association, except for the Honorary Staff, must hold a doctorate degree in psychology, have not less than two (2) years clinical experience in a multidisciplinary facility licensed or operated by this or another state or by the United States to

provide health care, and hold a valid and unsuspended certificate to practice clinical psychology issued by the California Board of Psychology.

## **2.4 BASIC RESPONSIBILITIES OF ASSOCIATION MEMBERSHIP**

Except for members of the Honorary Staff, the ongoing responsibilities of each member of the Association shall include, but are not limited to:

**2.4-1** Providing patients with continuing care and quality of care meeting the professional standards of the Association;

**2.4-2** Abiding by the Association bylaws, rules and regulations, and policies, departmental rules and regulations, Medical Center policies and procedures, and Department of Health Services applicable policies and procedures approved by the Executive Committee;

**2.4-3** Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments and quality improvement and risk management activities;

**2.4-4** Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Medical Center;

**2.4-5** Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association;

**2.4-6** Participating in any Association approved educational programs actively supervising (including, without limitation, providing direct supervision) resident physicians or dentists in the course of his/her responsibilities and assignments as a member of the Association to ensure that the health services provided by residents are safe, effective, compassionate, and within the scope of the knowledge and documented competence of residents as required by Department of Health Services and Medical Center policies as approved by the Association;

**2.4-7** Working cooperatively so as not to adversely affect patient care;

**2.4-8** Making appropriate arrangements for coverage for his/her patients as determined by the Association;

**2.4-9** Refusing to engage in improper inducements for patient referral and adhering to County policy regarding "running and capping";

**2.4-10** Participating in continuing education programs as determined by the Association;

**2.4-11** Serving as a proctor or other peer reviewer, and otherwise participating in medical staff peer review as reasonably requested;

**2.4-12** Participating in such emergency service coverage or consultation panels as may be determined by the Association;

**2.4-13** Providing information to and/or testifying on behalf of the Association, the County, or any practitioner under review, regarding any matter under review pursuant to Articles VI or VII;

**2.4-14** Notifying, in writing, the President and his/her department chair immediately after, but in no event later than ten (10) days after, the occurrence of any of the following:

**2.4-14.1** the practitioner is notified in writing by the Medical Board of California or other appropriate State licensing agency that an investigation regarding the practitioner is being conducted;

**2.4-14.2** the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency;

**2.4-14.3** the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency;

**2.4-14.4** the practitioner has been convicted of a misdemeanor or felony that relates to the qualifications, functions or duties of the practitioner;

**2.4-14.5** exclusion or suspension from a federally-reimbursed health services program;

**2.4-14.6** the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, or relinquished at any hospital or health care facility;

**2.4-14.7** the practitioner's Drug Enforcement Administration certificate, or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished;

**2.4-14.8** the practitioner's membership in any local, state, or national medical society is involuntarily revoked, suspended, reduced or not renewed;

**2.4-14.9** any professional liability litigation involving the practitioner is commenced and/or;

**2.4-14.10** the practitioner is aware of any other information that would correct, change, modify or add to any information provided in the application or most recent reapplication when such correction, change, modification or addition may reflect adversely on current qualifications for membership or privileges;

**2.4-15** Possessing insurance coverage as indicated in Article XVII, if applicable; and

**2.4-16** Discharging such other obligations as may be lawfully established from time to time by the Association.

## **2.5 MEMBERS' CONDUCT REQUIREMENTS**

As a condition of membership and privileges, an Association member shall continuously meet the requirements for professional conduct established in these bylaws. Non-members with privileges will be held to the same conduct requirements as members.

## **2.5-1 Acceptable Conduct**

Acceptable Association member conduct is not restricted by these bylaws and includes, but is not limited to:

- 2.5-1.1** Advocacy on medical matters;
- 2.5-1.2** Fulfilling duties of Association membership or leadership;
- 2.5-1.3** Making recommendations or criticism intended to improve care;
- 2.5-1.4** Expressing concern about a patient's care and safety;
- 2.5-1.5** Exercising rights granted under the Association bylaws, rules and regulations and policies;
- 2.5-1.6** Expressing dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- 2.5-1.7** Professional comments to any professional, managerial, supervisory or administrative staff, or to members of the Governing Body about patient care or safety;
- 2.5-1.8** Seeking legal advice or the initiation of legal action for cause; and

Acceptable conduct is not subject to discipline under these bylaws.

## **2.5-2 Disruptive and Inappropriate Conduct**

Disruptive and inappropriate conduct by an Association member may lead to investigative actions as set forth in Articles VI and VII. Disruptive and inappropriate Association member conduct at the Medical Center affects or could affect the quality of patient care at the Medical Center and includes:

- 2.5-2.1** Harassment by an Association member against any individual involved with the Medical Center (e.g., against another Association member, house staff, trainee, Medical Center employee or patient) on the basis of race, religion, color, national origin, creed, ancestry, physical disability, mental disability, medical disability, age, marital status, gender or sexual orientation which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.
- 2.5-2.2** "Sexual harassment" defined as unwelcome verbal or physical conduct of a sexual or gender-based nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when (a) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; or (b) this conduct substantially interferes with the individual's employment or creates and/or perpetuates an

intimidating, hostile, or offensive work environment. Sexual harassment also includes conduct which indicates that employment and/or employment benefits are conditioned upon acquiescence in sexual activities.

**2.5-2.3** Deliberate physical, visual or verbal intimidation or challenge, including disseminating threats or pushing, grabbing or striking another person involved in the Medical Center;

**2.5-2.4** Inappropriate conduct reasonably interpreted to be demeaning or offensive including, but not limited to:

**2.5-2.4-a** belittling or berating statements;

**2.5-2.4-b** name calling;

**2.5-2.4-c** use of profanity or disrespectful language;

**2.5-2.4-d** writing inappropriate comments in the medical record;

**2.5-2.4-e** blatant failure to respond to patient care needs or staff requests;

**2.5-2.4-f** deliberate refusal to return phone calls, pages or other messages concerning patient care or safety;

**2.5-2.4-g** deliberate lack of cooperation without good cause; and

**2.5-2.4-h** making degrading or demeaning comments about patients and their families, nurses, physicians, Medical Center personnel and/or the Medical Center.

Such conduct when persistent can become a form of harassment;

**2.5-2.5** Carrying a gun or other weapon in the Medical Center; and

**2.5-2.6** Refusal or failure to comply with these member conduct requirements.

### **2.5-3 Association Conduct Complaints**

All complaints or reports of conduct issues will be discussed and decisions made in executive session of the Executive Committee. Complaints or reports of disruptive and/or inappropriate conduct by Association members are subject to review whether or not the witness or complainant requests or desires action to be taken. Complaints or reports must be in writing and will be transmitted to the Department Chair and the President, or to the Association officer designated by either the President or Executive Committee to handle the complaint, and must include, to the extent feasible:

**2.5-3.1** The date(s), time(s) and location of the alleged inappropriate or disruptive conduct;

**2.5-3.2** A factual description of the alleged inappropriate or disruptive conduct;

**2.5-3.3** The circumstances which precipitated the alleged incident;

**2.5-3.4** The name and medical record number of any patient or patient's family member who was involved in or witnessed the alleged incident;

**2.5-3.5** The names of other witnesses to the alleged incident;

**2.5-3.6** The consequences, if any, of the alleged inappropriate or disruptive conduct as it relates to patient care or safety, or Medical Center personnel or operations; and



**2.5-3.7** Any action taken to intervene in, or remedy, the alleged incident, including the names of those intervening.

Complaints are shared with the subject member who will be given the opportunity to respond in writing. The Department Chair, in consultation with the President, shall refer the matter immediately to the Well Being of Practitioners Committee for evaluation and monitoring and treatment if needed, if there is any indication that the member's health is implicated. The Department Chair, in consultation with the President, shall determine if the complaint or report is obviously specious and warrants no further action. If the Department Chair, in consultation with the President, determines no action is warranted, the decision is reported at the next Executive Committee meeting and may be discussed and acted upon at the request of any Executive Committee member with the support of the majority of the Executive Committee members present at that meeting.

Complaints not referred to the Well Being of Practitioner's Committee or not dismissed by the Department Chair, in consultation with the President, are referred to the appropriate department for peer review committee evaluation and investigation, if needed. The decision will be forwarded to the Executive Committee. Any action taken shall be commensurate with the nature and severity of the conduct in question. Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending Association member, and protecting patient care and safety. The Association supports tiered, non-confrontational intervention strategies, starting with collegial discussions of the matter with the appropriate division chief and/or department chairperson. Further interventions can include an apology directly addressing the problem, a letter of admonition, a final written warning, or corrective action pursuant to Article VI, if the behavior is or becomes disruptive. The use of summary suspension should be considered only where the member's disruptive behavior presents an imminent danger to the health of any individual. At any time rehabilitation may be recommended. If corrective action is decided by the Executive Committee, the member will be afforded hearing rights per Article VII. If the Executive Committee decides no further action is necessary, the complaint will be closed and filed in the member's Peer Review File.

If the Department Chair is the subject of the complaint, then the Department Chair shall be recused, and the role defined in this section 2.5-3 for the Department Chair shall be performed by the Department Vice Chair. If the President is the subject of the complaint, then the President shall be recused, and the role defined in this section 2.5-3 for the President shall be performed by the Vice President.

#### **2.5-4 Medical Center Staff Conduct Complaints**

Association members' reports or complaints about the conduct of any Medical Center administrator, nurse or other employee, contractor, Governing Body member or others affiliated with the Medical Center must be reduced to writing and submitted to the President or any Association officer. The President shall forward the complaint or report to the appropriate Medical Center authority for action. Reports and complaints regarding Medical Center staff conduct will be tracked through the Association Office which will report results of such reports and complaints to the Executive Committee.



**2.5-5 Abuse of Process**

Retaliation or attempted retaliation against complainants or those who are carrying out Association duties regarding conduct will be considered inappropriate and disruptive conduct and could give rise to evaluation and corrective action pursuant to these bylaws.

ARTICLE III

CATEGORIES OF ASSOCIATION MEMBERSHIP

**3.1 MEMBERSHIP CATEGORIES**

The Association membership shall be divided into:

**3.1-1** The Honorary Staff

**3.1-2** The Active Staff

**3.1-3** The Associate Staff-Compensated and Volunteer

**3.1-4** The Provisional Staff

**3.1-5** The Ad-Hoc Staff

**3.1-6** The Medico-administrative Staff

**3.2 THE HONORARY STAFF**

**3.2-1 Qualifications:** The Honorary Staff shall consist of practitioners who do not actively practice in the Medical Center but who are recommended for membership by the Executive Committee. They may have retired from active hospital practice or are deemed deserving of membership by virtue of their outstanding reputation, their noteworthy contributions to the health or medical sciences, or their previous long-standing service to the Medical Center, and they continue to exemplify high standards of professional and ethical conduct.

**3.2-2 Prerogatives:** Honorary Staff members shall not be eligible to admit or attend patients, to vote, or to hold office, nor are they required to attend Association and department meetings. They may serve on committees with or without vote at the discretion of the Executive Committee, and they may attend staff and department meetings including open committee meetings and educational programs.

**3.3 THE ACTIVE STAFF**

**3.3-1 Qualifications**

The Active Staff shall consist of practitioners who

**3.3-1.1** meet the general qualifications for membership set forth in Section 2.2,

**3.3-1.2**

**3.3-1.2-a** are employed at least twenty (20) hours per week as County Civil Service employees, whether classified or unclassified, at the Medical Center,

**3.3-1.2-b** provide health services at the Medical Center at least twenty (20) hours per week under a contract which he/she has entered into with the County, or

**3.3-1.2-c** provide health services at the Medical Center at least twenty (20) hours per week under a contract of a non-County entity,

**3.3-1.3** regularly admit or attend patients in the Medical Center,

**3.3-1.4** assume all the functions and responsibilities of membership in the Association including, where appropriate, teaching and/or consultation assignments, and

**3.3-1.5** have completed the required period as provisional staff as set forth in Section 3.5 below.

### **3.3-2 Prerogatives**

Members of the Active Staff who are in good standing shall

**3.3-2.1** be entitled to admit and/or attend patients in the Medical Center, exercise only those clinical privileges clearly delineating their scope of practice and health services in the Medical Center, and assume all the functions and responsibilities of membership in the Association including, where appropriate, teaching and/or consultation assignments; and

**3.3-2.2** be appointed to a specific department, and, except as otherwise specified in these bylaws, be eligible to vote, to hold office, and to serve on Association committees.

### **3.3-3 Transfer of Active Staff Members**

After two (2) consecutive years in which a member of the Active Staff fails to regularly care for patients in the Medical Center or be regularly involved in Association functions as determined by the Association, that member shall be automatically transferred to the appropriate category, if any, for which the member is qualified.

## **3.4 THE ASSOCIATE STAFF-COMPENSATED AND VOLUNTEER**

### **3.4-1 Qualifications**

The Associate Staff shall consist of practitioners who

**3.4-1.1** meet the general qualifications for membership set forth in Section 2.2 except that this requirement shall not preclude an out-of-state practitioner from

membership as may be permitted by law if that practitioner is otherwise deemed qualified by the Executive Committee,

**3.4-1.2** are not eligible for Active Staff membership,

**3.4-1.3** have completed the required period as provisional staff as set forth in Section 3.5 below, and

**3.4-1.4** admit or attend patients at the Medical Center.

### **3.4-2** Compensated and Volunteer Categories

Associate Staff members who receive compensation related to services provided at the Medical Center are deemed Associate Staff-Compensated. Associate Staff members whose services at the Medical Center are entirely voluntary are deemed Associate Staff-Volunteer.

### **3.4-3** Prerogatives

Members of the Associate Staff who are in good standing shall

**3.4-3.1** be entitled to admit and attend patients in the Medical Center, exercise only those clinical privileges clearly delineating their scope of practice and health services in the Medical Center, and assume all the functions and responsibilities of membership in the Association assigned to them including, where appropriate, teaching and/or consultation; and

**3.4-3.2** be appointed to a specific department and shall be eligible to serve on Association committees with the right to vote. They shall not be eligible to vote at Association and department meetings or to hold office, nor are they required to attend Association and department meetings, although they are encouraged to do so.

### **3.4-4** Change in Status

Associate Staff members who meet the requirements for Active Staff shall, upon review of the Executive Committee, be obligated to seek membership in the Active Staff category. Associate Staff members whose status as receiving or not receiving compensation for services provided in the Medical Center changes shall, upon review of the Executive Committee, be obligated to seek membership in the appropriate Associate Staff category.

## **3.5** THE PROVISIONAL STAFF

### **3.5-1** Qualifications

The Provisional Staff shall consist of practitioners who

**3.5-1.1** meet the general qualifications for membership set forth in Section 2.2,

**3.5-1.2** have provisional status as described in Section 4.1-3, and

**3.5-1.3** immediately prior to their application were not members of the Association.

### **3.5-2 Prerogatives**

Members of the Provisional Staff who are in good standing shall

**3.5-2.1** be entitled to admit and attend patients in the Medical Center, exercise only those clinical privileges clearly delineating their scope of practice and health services in the Medical Center, and assume all the functions and responsibilities of membership in the Association including, where appropriate, teaching and consultation assignments;

**3.5-2.2** be appointed to a specific department, but, except for department chairpersons and division chiefs, not be eligible to hold office in the Association or vote at Association, department or division meetings; and

**3.5-2.3** Serve on Association committees without the right to vote unless the right to vote is specified at the time of appointment.

### **3.5-3 Observation of Provisional Staff Member**

Provisional Staff members shall undergo a period of observation (proctoring) by designated Association members from each department wherein the Provisional Staff member has been granted privileges. The purpose of such observation is to evaluate the Provisional Staff member's: (1) proficiency in the exercise of clinical privileges initially granted; and (2) overall eligibility for continued Association membership and advancement within Association staff membership categories. Such observation and proctoring shall follow whatever format each department deems appropriate in order to adequately evaluate the Provisional Staff member and determine suitability to continue to exercise the clinical privileges granted in that department and shall include at least the first six (6) cases consisting of a sufficient variety and number of cases monitored and evaluated to be representative of the entire scope of requested privileges. Proctoring includes, but is not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained by the department. The results of the proctoring and observation shall be submitted by the department chair to the Credentials Committee.

### **3.5-4 Term of Provisional Staff Status**

A Provisional Staff member shall remain in the Provisional Staff membership category for a maximum period of six (6) months, unless the Governing Body, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend such status for an additional six (6) month period upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII.

### **3.5-5 Action at Conclusion of Provisional Staff Status**

If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges provisionally granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Governing Body as an Active Staff or Associate Staff member, as appropriate, upon recommendation by the Executive Committee. The failure to obtain approval under observation and proctoring for any requested clinical privilege shall not, by itself, preclude advancement in Association membership category. If such advancement is granted absent such approval, continued observation and proctoring on the unapproved clinical privilege shall continue for the time period specified by the Governing Body, upon recommendation of the department chair and the Executive Committee. If advancement is not recommended, the appropriate department chair shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Governing Body, for a determination regarding any modification or termination of clinical privileges and Association membership.

### **3.6 THE AD-HOC STAFF**

The Ad-hoc Staff shall consist of practitioners who do not actively practice at the Medical Center but are important resource individuals for Association quality assessment and improvement activities. Such persons shall be qualified to perform the functions for which they are made temporary members of the Association.

Ad-hoc Staff members shall be entitled to attend all meetings of committees to which they have been appointed for the limited purpose of carrying out quality assessment and improvement functions. They shall have no clinical privileges. They may not admit patients to the Medical Center or hold office in the Association. They may, however, serve on designated committees with or without vote at the discretion of the Executive Committee. Finally, they may attend Association meetings outside of their committees, upon invitation. Their membership term shall be no longer than 120 days, although they may be granted additional terms of up to 120 days if recommended by the Executive Committee and approved by the Governing Body.

### **3.7 THE MEDICO-ADMINISTRATIVE STAFF**

#### **3.7-1 General**

The Medico-administrative Staff category membership shall be held by any physician who is not otherwise eligible for another staff category and who is retained by the Medical Center or Association solely to perform ongoing medical administrative activities.

#### **3.7-2 Qualifications**

The Medico-administrative staff shall consist of members who

**3.7-2.1** meet the general qualifications for membership set forth in Section 2.2 and

**3.7-2.2** are charged with assisting the Association in carrying out medical-administrative functions.

**3.7-3 Prerogatives**

The Medico-administrative Staff shall be entitled to attend open meetings of the Association and various departments and educational programs but shall have no right to vote at such meetings. Medico-administrative Staff members shall not be eligible to hold office in the Association, admit patients or exercise clinical privileges.

**3.8 THE CHIEF MEDICAL OFFICER AND ASSOCIATE MEDICAL DIRECTORSHIPS**

**3.8-1 General**

The Chief Medical Officer and individuals holding titles as Associate Medical Directors in the Medical Center shall be members of the Medico-Administrative Staff if they have no clinical privileges or shall be members of another category if they hold clinical privileges.

**3.8-2 Responsibilities of the Chief Medical Officer**

**3.8-2.1** The Chief Medical Officer's duties shall be delineated by the Governing Body in keeping with the general provisions set forth in subparagraph 2 below. Executive Committee approval shall be required for any Chief Medical Officer duties that relate to authority to perform functions on behalf of the Association or directly affect the performance or activities of the Association.

**3.8-2.2** In keeping with the foregoing, the Chief Medical Officer shall:

**3.8-2.2-a** Serve as administrative liaison among Medical Center administration, the Governing Body, outside agencies and the Association;

**3.8-2.2-b** Assist the Association in performing its assigned functions and coordinating such functions with the responsibilities and programs of the Medical Center; and

**3.8-2.2-c** In cooperation and close consultation with the President and the Executive Committee, supervise the day-to-day performance of the Association Office and Medical Center's quality improvement personnel.

**3.8-3 Selection, Review and Removal of Chief Medical Officer**

The Executive Committee will participate in the identification of candidates for the Chief Medical Officer position by inclusion of members on the Search Committee, in the interview process, and by submission of candidate evaluations to the Director, or his representative. The Chief Executive Officer shall coordinate candidate interviews with representatives of Association leadership, who shall participate in the interview and review of candidates for position of Chief Medical Officer in the Medical Center. The input and recommendation of the Executive Committee regarding the candidate selection shall be considered by the Chief Executive Officer and Governing Body when making a selection.



The Executive Committee shall provide the Chief Executive Officer and the Governing Body with its input into the performance review of its Chief Medical Officer periodically and transmitting the results of the review for their consideration.

The Executive Committee, by a majority vote of the voting members, can request the termination of an individual in the Chief Medical Officer position. The Governing Body shall give weight to the recommendation of the Medical Executive Committee. Prior to removing the CMO, the Governing Body or its designee shall meet and discuss the action with the Executive Committee.

#### **3.8-4 Selection, Review and Removal of Associate Medical Directors**

A listing of all Associate Medical Director positions in the Medical Center shall be made available to any Association member upon request.

The Executive Committee shall ensure that the Medical Staff participate in the identification of candidates for Associate Medical Director by the inclusion of members of a Search Committee and in the interview process, and by the submission of candidate evaluations to the Chief Medical Officer.

#### **3.8-5 Prerogatives**

The Chief Medical Officer and individuals holding associate medical director positions in the Medical Center shall be entitled to the prerogatives of the Association staff category to which they belong except that they shall not be eligible to hold office in the Association or vote at Association, department or committee meetings. He/she may admit patients or otherwise provide patient care services only if he/she holds clinical privileges and only to the extent of those clinical privileges.

### **3.9 LIMITATION OF PREROGATIVES**

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of these bylaws and by Association Rules and Regulations. Regardless of the category of membership in the Association, limited license members:

**3.9-1** shall only have the right to vote on matters within the scope of their licensure. In the event of a dispute over voting rights, that issue shall be determined by the chair of the meeting, subject to final decision by the Executive Committee; and

**3.9-2** shall exercise clinical privileges only within the scope of their licensure and as set forth in Sections 5.1-8, 5.1-9 and 5.1-10.

### **3.10 MODIFICATION OF MEMBERSHIP**

On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a member under Section 4.5, the Executive Committee may recommend a change in the Association category of a member consistent with the requirements of the bylaws.

## **ARTICLE IV**

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

**4.1 CONDITIONS AND DURATION OF APPOINTMENT**

**4.1-1 General:** By applying to the Association for initial membership or renewal of membership (or, in the case of members of the Honorary Staff, by accepting membership in that category), the applicant acknowledges responsibility to first review these bylaws, Association Rules and Regulations – if any, Association policies and Medical Center policies approved by the Executive Committee, and agrees that throughout any period of membership that person will comply with the responsibilities of Association membership and with Association bylaws, Rules and Regulations and policies and Medical Center policies approved by the Executive Committee as they exist and as they may be modified from time to time.

**4.1-2 Authority of the Governing Body:** Initial appointments and reappointments to the Association shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or suspension or revocation of appointments only after there has been a recommendation from the Executive Committee as described in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Governing Body may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee, but the Governing Body may never grant full membership or privileges unilaterally.

**4.1-3 Duration:** Except as otherwise provided in these bylaws, initial appointments when clinical privileges are granted shall be provisional for a period of not less than six (6) months nor more than twenty-four (24) months. Prior to the conclusion of the provisional period, the appropriate department chair shall recommend to the Credentials Committee, which shall recommend to the Governing Body through the Executive Committee, the removal of provisional status and appointment to the Active Staff or Associate Staff as appropriate, or the extension or termination of the appointment. Initial appointments and any reappointments shall each be for a period of not more than twenty-four (24) months.

**4.2 APPLICATION FOR APPOINTMENT**

**4.2-1 Application Form:** All applications for appointment to the Association shall be in writing, shall be completed (or accompanied by an explanation of why answers are unavailable) and signed by the applicant. The application form shall be approved by the Executive Committee and shall require detailed information including, but not limited to, the following:

**4.2-1.1** the applicant's professional training and experience, current California licensure or section 2113 certification, board certification status, current Drug Enforcement Administration (DEA) certification (for practitioners, in order to qualify for certain privileges to prescribe restricted medications), verification of



identity, clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XVII, and other professional qualifications;

**4.2-1.2** the names of at least three (3) persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's current professional competence, ethical character, and adequate physical and mental health status;

**4.2-1.3** past or pending professional disciplinary action and whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily denied, revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility;

**4.2-1.4** whether the applicant's Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction, has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished;

**4.1-1.5** whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress;

**4.2-1.6** whether the applicant has been or is currently excluded or suspended, or is pending exclusion or suspension, as a provider of services to Medicare, Medicaid or any other federally-reimbursed health services program;

**4.2-1.7** whether the applicant's membership in local, state or national medical societies has ever been involuntarily revoked, suspended, reduced or relinquished; and

**4.2-1.8** requested membership category, department assignment and clinical privileges.

**4.2-2 Burden of Producing Information:** In connection with all applications for appointment, the applicant shall have the burden of producing adequate information for a proper evaluation of the applicant's qualifications and suitability for the membership category and clinical privileges requested, for resolving any doubts about these matters, and for satisfying all requests for information. The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate or misleading information, shall be grounds for denial of the application. In addition, to the extent consistent with law, the applicant may be required to submit to a medical or psychological examination in order to assure that the practitioner will practice safely, at the applicant's expense, if deemed appropriate by the Executive Committee. The applicant may select the examining physician from an outside panel of three (3) physicians chosen by the Executive Committee. The Association Office shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant.

**4.2-3 Effect of the Application:** In addition to the matters set forth in Section 4.1-1, by applying for appointment to the Association, each applicant thereby

**4.2-3.1** signifies his/her willingness to appear for interviews in regard to his/her application;

**4.2-3.2** authorizes representatives of the County of Los Angeles, the Association, and/or the professional schools, to consult with members of medical staffs of other hospitals or health facilities with which the applicant has been associated and with others who may have information bearing on his/her current competence, ethical character, adequate physical and mental health status, and other qualifications and authorizes such individuals and organizations to candidly provide such information;

**4.2-3.3** consents to an inspection and copying by the above of all records and documents that may be material to an evaluation of his/her professional qualifications and current competence to carry out the clinical privileges he/she requests, as well as of his/her moral and ethical qualifications for membership, and further authorizes all persons and organizations in custody of such records and documents to permit such inspection and copying;

**4.2-3.4** releases from any liability the County of Los Angeles, the Association, the professional schools, and their respective officers, employees or agents, for any of their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials and other qualifications; and

**4.2-3.5** releases from any liability all individuals and organizations that provide information to the County of Los Angeles, the Association, the professional schools, and their respective officers, employees or agents in good faith and without malice concerning the applicant's current competence, ethical character, adequate physical and mental health status, and other qualifications for Association membership and clinical privileges, including otherwise privileged or confidential information.

The initial application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of his/her application.

**4.2-4 Requests for Additional Information:** Any committee or individual charged under these bylaws with responsibility of reviewing the appointment application and/or request for clinical privileges may request further documentation or clarification. If the applicant fails to respond within thirty (30) days, the application or request shall be deemed withdrawn, and processing of the application or request will be discontinued. Unless the circumstances are such that a report to the Medical Board of California is required, such a withdrawal shall not give rise to hearing and appeal rights pursuant to Article VII.

**4.2-5 Acceptance of Membership In Association:** Acceptance of membership in the Association shall constitute the member's agreement that:

**4.2-5.1** he/she pledges to be bound by the Association bylaws, Rules and Regulations and policies, and Medical Center policies approved by the Executive Committee;

**4.2-5.2** he/she will strictly abide by the *Guiding Principles For Physician-Hospital Relationships* of the California Medical Association as well as the *Code of Medical Ethics* of the American Medical Association, the *Code of Ethics* of the American Osteopathic Association, the *Principles of Ethics and Code of Professional Conduct* of the American Dental Association, the *Code of Ethics* of the American Podiatric Medical Association, or the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association, whichever is applicable;

**4.2-5.3** he/she will maintain an ethical practice, including, without limitation, refraining from illegal inducements for patient referral, providing for the continuous care of his/her patients, seeking consultation whenever necessary, refraining from failing to disclose to patients when another surgeon will be performing the surgery, and refraining from delegating health services responsibility to non-qualified or inadequately supervised practitioners or residents;

**4.2-5.4** he/she will report to the Association office within 10 days any and all information that would otherwise correct, change, modify or add to any information provided in the application or most recent reapplication when such correction, change, modification or addition may reflect adversely on current qualifications for membership or privileges; and

**4.2-5.5** if a requirement exists for Association dues or assessment, he/she acknowledges responsibility for timely payment.

**4.2-6 Dual Appointments:** An application for membership shall not be accepted for a primary appointment to a department or for clinical privileges in a department other than that representing the primary specialty in which the applicant possesses credentials and qualifications, provided that this prohibition shall not exclude the granting of clinical privileges in two or more departments if the privileges are recommended by the chairs of the departments.

#### **4.3 INITIAL APPOINTMENT PROCESS**

**4.3-1 Verification of Information:** The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the President and an advance payment of Association dues and/or fees paid to the Association, as required, to the Association Office, which shall verify, with primary sources whenever possible, the references, licensure status and other information submitted or in support of the application. The Medical Center's authorized representative shall query the Medical Board of California and National Practitioner Data Bank. The Association Office shall promptly notify the applicant of

any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required information.

**4.3-2 Department Action:** When collection and verification is accomplished, the Association Office shall transmit the application and all supporting materials to the department chair where the applicant would be assigned who may consult with the appropriate department chair of the appropriate Professional School and the appropriate Dean of the Professional School. The chair, or appropriate committee of each department to which the application is submitted, shall review the application and supporting documentation and may conduct a personal interview with the applicant at the chair's or committee's discretion. The chair or appropriate committee shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges granted, his/her clinical and technical skills and any relevant information available regarding his/her performance and shall transmit to the Association Office a written report and recommendation as to membership and, if membership is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached. The chair may also request that the Executive Committee defer action on the application. If the recommendation is adverse to the applicant, such recommendation shall state the reason for such.

**4.3-3 Credentials Committee Action:** The Association Office shall transmit the application with the department chair's recommendation and all supporting materials to the Credentials Committee for evaluation. Within ninety (90) days after receipt of the completed application for membership, the Credentials Committee shall review the application and evaluate and verify the supporting documentation and other relevant information and make a written report of its evaluation to the Executive Committee. Prior to making this report, the Credentials Committee may elect to interview the applicant and/or seek additional information. The written recommendations from every department in which the applicant seeks clinical privileges shall be made a part of the Committee's report. The Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the applicant be either appointed to the Association with the privileges requested, that there be an adverse action on the application in the form of rejection of the application or limitation of the privileges requested, or that the application be deferred for further consideration. Where rejection of the application, limitation of the privileges requested or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.

**4.3-4 Executive Committee Action:** At its next regular meeting following receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall consider the report and any other relevant information. The Executive Committee may request additional information, return the matter to the Credentials Committee for further evaluation, which shall be provided to the Executive Committee within sixty (60) days, and/or elect to interview the applicant. The Executive Committee shall promptly forward to the Governing Body a written report and recommendation that the applicant be provisionally appointed to the Association including membership category, department affiliation, clinical privileges to be granted and any special conditions to be attached to the membership; that

adverse action be taken on the application in the form of rejection of the application or limitation of the privileges requested; or that the application be deferred for further consideration. The Executive Committee may, in its discretion, refer the application and all supporting and relevant documents back to the Credentials Committee for a recommendation, which shall be provided to the Executive Committee within sixty (60) days. The reasons for each recommendation shall be stated.

#### **4.3-5 Effect of Executive Committee Action**

**4.3-5.1 Defer:** When the recommendation of the Executive Committee is to defer the application for further consideration, the reasons for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specified clinical privileges or for rejection for Association membership.

**4.3-5.2 Favorable:** When the recommendation of the Executive Committee is favorable to the applicant, the recommendation shall promptly be forwarded to the Governing Body.

**4.3-5.3 Adverse:** When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the Executive Committee shall also assess and determine whether the adverse recommendation is for a "medical disciplinary" cause or reason. A medical disciplinary action is one taken for cause or reason that involves that aspect of a practitioner's current competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. All other actions are deemed administrative disciplinary actions. In some cases, the reason may involve both medical disciplinary and administrative disciplinary cause or reason, in which case, the matter shall be deemed medical disciplinary for hearing purposes of Article VII. After such adverse determination, the President shall promptly so notify the applicant by certified mail, return receipt requested and notify him/her of his/her hearing rights under Article VII.

#### **4.3-6 Governing Body's Action on the Application**

**4.3-6.1 Deferral:** The Governing Body may accept the recommendation of the Executive Committee or may refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation.

#### **4.3-6.2 After Favorable Executive Committee Recommendation:**

Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the recommendation shall be affirmed by the Governing Body if the Executive Committee's decision is supported by substantial evidence or automatically after thirty (30) days if no action is taken by the Governing Body. In the latter event, the Governing Body shall be deemed to have affirmed the Executive Committee's recommendation.



**4.3-6.2-a** If the Governing Body concurs with the recommendation of the Executive Committee, the decision of the Governing Body shall be deemed final action.

**4.3-6.2-b** If the Governing Body's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Governing Body shall promptly notify him/her of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his/her rights under Article VII.

**4.3-6.3 After Unfavorable Executive Committee Recommendation:**

In the event the recommendation of the Executive Committee, or any significant part of it, is unfavorable to the applicant the procedural rights set forth in Article VII shall apply.

**4.3-6.3-a** If procedural rights are waived by the applicant, the recommendations of the Executive Committee shall be forwarded to the Governing Body for final action, which shall affirm the recommendation of the Executive Committee if the Executive Committee's decision is supported by substantial evidence.

**4.3-6.3-b** If the applicant requests a hearing following the adverse Executive Committee recommendation pursuant to this Section 4.3-5.3 or an adverse Governing Body's tentative final action pursuant to Section 4.3-6.2-b, the Governing Body shall take final action only after the applicant has exhausted all procedural rights as established by Article VII. After exhaustion of the procedures set forth in Article VII, the Governing Body shall make a final decision and shall affirm the decision of the judicial review committee if the judicial review committee's decision is supported by substantial evidence, following a fair procedure. The Governing Body's decision shall be in writing and shall specify the reasons for the action taken.

**4.3-6.4 Governing Body Decision Contrary to Executive Committee Recommendation:**

Whenever the Governing Body's decision is contrary to the recommendation of the Executive Committee, the Governing Body shall submit the matter to a committee composed of the Chief Medical Officer, Chief Executive Officer, the President, and the department chair(s) involved for review and recommendation and shall consider such recommendation before making its decision final. Such committee shall report back to the Governing Body within fifteen (15) days with its recommendation, and the Governing Body shall render a decision within fifteen (15) days after its receipt of such recommendation.

**4.3-7 Notice of Final Decision**

When the Governing Body's decision is final, the Governing Body shall send notice of such decision to the President, to the Chief Medical Officer, to the Chief Executive Officer, to the chair of each department concerned, and to the applicant, which notice shall be sent to the applicant by certified or registered mail, return receipt requested, if there is an adverse decision.

#### **4.3-8 Expedited Processing of AdHoc Staff:**

For applicants to the AdHoc Staff, an expedited process of appointment may be implemented if the President, with concurrence by the chair of the department most relevant to the applicant's credentials, recommends the applicant's appointment and the Governing Body concurs in that recommendation. Although an applicant to the AdHoc Staff may have been appointed through this expedited process, his or her application shall still be processed through the Executive Committee.

AdHoc Staff applicants are ineligible for expedited processing if, at the time membership may be granted, any of the following has occurred:

**4.3-8.1** The applicant submits an incomplete application.

**4.3-8.2** There is a current challenge or previously successful challenge to licensure.

**4.3-8.3** The applicant has received an involuntary termination of medical staff membership at another organization.

**4.3-8.4** The applicant has received involuntary limitation, reduction, denial, or loss of medical privileges.

#### **4.3-9 Reapplication After Adverse Decision**

Any applicant whose application receives a final adverse decision, either by the Governing Body or under Article VII if the applicant requests a hearing, regarding membership appointment or clinical privileges shall not be eligible to reapply for Association membership or the rejected clinical privileges for a period of two years from the date of the final adverse decision of the prior application. Any such reapplication shall be processed as an application for initial appointment. In the reapplication, the applicant shall submit such additional information as may be requested to demonstrate that the basis for the previous adverse decision no longer exists.

### **4.4 REAPPOINTMENT PROCESS**

#### **4.4-1 Application Submission:**

At least one hundred twenty (120) days prior to the expiration date of a member's period of appointment (except for members of the Adhoc Staff), the member shall submit an application for reappointment to the Association Office. If an application for reappointment is not received at least thirty (30) days prior to the expiration date, the member shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges. Written notice shall be promptly sent by the Association Office to the member advising that the application has not been received and that membership will expire on the expiration date. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VII shall

not apply.

#### **4.4-2 Application Information:**

Reappointment application forms shall include all information necessary to update and evaluate the qualifications of the member. Upon receipt of the application, the information shall be processed as set forth in Section 4.3-1, When collection and verification is accomplished, the Association Office staff shall transmit the application and all supporting materials to the appropriate department chair.

#### **4.4-3 Burden of Producing Information:**

In connection with all applications for reappointment, the member shall have the burden of producing adequate information for a proper evaluation of his/her qualifications and suitability for the membership category and clinical privileges requested, for resolving any doubts about these matters, and for satisfying all requests for information. The member's failure to fulfill this requirement, the member's withholding of any relevant information, or the member's submission of any inaccurate or misleading information, shall be grounds for denial of the application. In addition, to the extent consistent with law, the member may be required to submit to a medical or psychological examination in order to assure that the practitioner will practice safely, at the member's expense, if deemed appropriate by the Executive Committee. The member may select the examining physician from an outside panel of three (3) physicians chosen by the Executive Committee. The Association Office shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member.

The Credentials Committee or the Executive Committee may request further documentation or clarification. If the member fails to respond within thirty (30) days, the application or request shall be deemed withdrawn, and processing of the application or request will be discontinued. Unless the circumstances are such that a report to the Medical Board of California is required, such a withdrawal shall not give rise to hearing and appeal rights pursuant to Article VII.

#### **4.4-4 Department and Credentials Committee Action:**

The department chair shall review all pertinent information available on each member of his/her department who applies for reappointment and who is scheduled for periodic appraisal. This review shall also include an assessment of information collected in the course of the Medical Center's Quality of Care Program as well as practitioner-specific information regarding the member's professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks. The department chair shall promptly forward this information with his/her recommendation regarding reappointment to the Association and the granting of privileges for the ensuing two (2)-year period to the Credentials Committee for its review. The Credentials Committee shall transmit its recommendations in writing to the Executive Committee. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.



#### 1491 **4.4-5 Executive Committee Action:**

1493 At its first regular meeting following receipt of the recommendations of the  
 1494 Credentials Committee, the Executive Committee shall consider the report and any  
 1495 other relevant information. The Executive Committee may request additional  
 1496 information or return the matter to the Credentials Committee for further evaluation  
 1497 which shall report back to the Executive Committee in a timely manner, or the  
 1498 Executive Committee may elect to interview the member. The Executive Committee  
 1499 shall make written recommendations to the Governing Body concerning the  
 1500 reappointment, non-reappointment, deferral for further consideration and/or clinical  
 1501 privileges of each member then scheduled for periodic appraisal. Where non-  
 1502 reappointment or a change in clinical privileges is recommended, the reasons for  
 1503 such recommendations shall be stated and documented. Thereafter, the procedure  
 1504 provided in Sections 4.3-5 through 4.3-7 relating to recommendations on applications  
 1505 for initial appointment shall be followed.

#### 1507 **4.5 CHANGE IN MEMBERSHIP CATEGORY OR CLINICAL PRIVILEGES**

1509 Any Association member who, prior to his/her application for reappointment, requests a  
 1510 change in his/her membership category or clinical privileges shall submit an application  
 1511 in writing on the prescribed form at any time, except that no such application shall be  
 1512 submitted within twelve (12) months of the date a similar request was denied. Such  
 1513 applications shall be processed in the same manner as applications for initial  
 1514 appointment in accordance with Sections 4.2 and 4.3.

#### 1516 **4.6 LEAVE OF ABSENCE**

1518 **4.6-1 Leave Status:** At the discretion of the Executive Committee, an Association  
 1519 member may obtain a voluntary leave of absence from the Association upon  
 1520 submitting a written request to the Executive Committee stating the approximate  
 1521 period of leave desired, which may not exceed one (1) year. During the period of the  
 1522 leave, the member shall not exercise clinical privileges at the Medical Center, and  
 1523 membership rights and responsibilities shall be inactive, but the obligation to pay  
 1524 dues, if any, shall continue, unless waived by the Association.

1526 **4.6-2 Termination of Leave:** At least thirty (30) days prior to the termination of the leave  
 1527 of absence, or at any earlier time, the Association member may request  
 1528 reinstatement of privileges by submitting a written notice to that effect to the  
 1529 Executive Committee. The member shall submit a summary of relevant activities  
 1530 during the leave, if the Executive Committee so requests. The Executive Committee  
 1531 shall make a recommendation concerning the reinstatement of the member's  
 1532 privileges and prerogatives, and the procedure provided in Sections 4.2 through 4.4  
 1533 shall be followed. A member whose membership is not reinstated because of a  
 1534 medical disciplinary cause or reason shall be entitled to the procedural rights  
 1535 provided in Article VII.

1537 **4.6-3 Failure to Request Reinstatement:** Failure, without good cause, to request  
 1538 reinstatement shall be deemed a voluntary resignation from the Association and shall  
 1539 result in automatic termination of membership, privileges, and prerogatives. A

member whose membership is automatically terminated shall be entitled to the procedural rights provided in Article VII for the sole purpose of determining whether the failure to request reinstatement was unintentional or excusable, or otherwise. A request for Association membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial membership.

**4.6-4 Medical Leave of Absence:** The Executive Committee shall determine the circumstances under which a particular Association member shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. In the discretion of the Executive Committee, unless accompanied by a reportable restriction of privileges, the leave shall be deemed a "medical leave" which is not granted for a medical disciplinary cause or reason.

**4.6-5 Military Leave of Absence:** Requests for leave of absence to fulfill military service obligations shall be granted upon notice and review by the Executive Committee. Reactivation of membership and clinical privileges previously held shall be granted, notwithstanding the provisions of Sections 4.6-2 and 4.6-3, but may be granted subject to monitoring and/or proctoring as determined by the Executive Committee.

#### **4.7 CONFIDENTIALITY**

To maintain confidentiality and to assure the unbiased performance of appointment and reappointment functions, participants in the credentialing process shall limit their discussion of the matters involved to the formal avenues provided in these bylaws and rules and regulations for processing applications for appointment and reappointment.

### ARTICLE V

#### CLINICAL PRIVILEGES

##### **5.1 DELINEATION OF CLINICAL PRIVILEGES**

**5.1-1 Exercising Only Privileges Granted:** Every practitioner who practices at the Medical Center by virtue of Association membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Governing Body, except as provided in Sections 5.2, 5.4 and 5.5. All such clinical privileges shall be hospital and site specific, shall be within the scope of the license to practice in the State of California and consistent with any restrictions thereon, and shall be subject to the rules and regulations and/or policies of the clinical department and the authority of the department chair and the Association.

**5.1-2 Request for Privileges:** Every initial application for appointment and every application for reappointment to Association membership must contain a request for the specific clinical privileges desired by the applicant.

**5.1-3 Bases for Privileges Determination:** The evaluation of such requests shall be based upon documentation and verification, with primary references whenever possible, of the applicant's current California licensure or Section 2113 certification, board certification, current Drug Enforcement Administration certification (for

physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), education, training, current experience, demonstrated current competence, references, current adequate health status, an appraisal by the department in which privileges are sought, clinical performance at the Medical Center, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his/her qualifications and competency in the requested clinical privileges. No specific privilege may be granted to an applicant if the task, procedure or activity constituting the privilege is not available within the Medical Center despite the applicant's qualifications or ability to perform the requested privilege.

**5.1-4 Additional Privileges:** Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 4.2 and 4.3 and must be supported by documentation of training and/or current experience supportive of the request. Such individuals shall be subject to the proctoring requirements described in Section 5.3.

**5.1-5 Reevaluation of Privileges:** Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based, in part, upon the observation of care provided, review of the records of patients treated in the Medical Center or other hospitals, and review of the records of the Association which document the evaluation of the member's participation in the delivery of health care.

**5.1-6 Admitting Privileges:** Privileges to admit patients must be specifically requested and can be granted only to qualified practitioners meeting the clinical criteria for admitting privileges. Admitting privileges are not limited and shall not be exclusive to Medical Center employees, members with Medical Center contracts, or to any single specialty.

**5.1-7 Cross-Specialty Privileges:** Any request for clinical privileges that are either new to the Medical Center or that overlap more than one department shall initially be reviewed by the appropriate departments, in order to establish the need for, and appropriateness of, the new procedure or services. The Executive Committee, through the Credentials Committee, shall facilitate the establishment of hospital-wide credentialing criteria for new or trans-specialty procedures, with the input of all appropriate departments, with a mechanism designed to ensure that quality patient care is provided for by all individuals with such clinical privileges. In establishing the criteria for such clinical privileges, the Executive Committee may establish an ad-hoc committee with representation from all appropriate departments. Such hospital-wide credentialing criteria shall be submitted to the Credentials Committee for recommendation to the Executive Committee.

**5.1-8 Privileges for Dentists and Oral and Maxillofacial Surgeons:** Privileges granted to duly licensed dentists and oral and maxillofacial surgeons shall be based on their training, current experience, and demonstrated current competence and judgment. The scope and extent of surgical procedures that each dentist and oral and

maxillofacial surgeon may perform shall be specifically delineated and granted in the same manner as all surgical privileges including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists or oral and maxillofacial surgeons shall be under the overall supervision of the Chief of the Division of Oral and Maxillofacial Surgery in the Department of Surgery. A history and physical of all dental patients covering the area of concern shall be performed by the admitting dentist or oral and maxillofacial surgeon. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services, except that qualified oral and maxillofacial surgeons who admit patients without medical problems may perform the history and physical examination on these patients, if such oral and maxillofacial surgeons have such privileges, and may assess the medical risks of the proposed surgical procedures. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center, and such physician member's judgment in this regard shall take precedent over the judgment of the dentist member.

**5.1-9 Privileges for Podiatrists:** Privileges granted to duly licensed podiatrists shall be based on their training, current experience, and demonstrated current competence and judgment. In making its recommendation, the Executive Committee may consider the need for podiatry services which either are not presently being provided by other members of the Association or may be provided in the Medical Center without disruption of existing services. The scope and extent of medical or surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other medical or surgical privileges. Procedures performed by podiatrists shall be under the overall supervision of the chair of the department in which their privileges were granted. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other medical or surgical services. When a podiatrist who does not hold history and physical privileges admits a patient, a physician member of the Association, who has been granted privileges to perform a history and physical examination, shall do so. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center, and such physician member's judgment in this regard shall take precedent over the judgment of the podiatrist member.

**5.1-10 Privileges for Clinical Psychologists:** Privileges granted to duly licensed clinical psychologists shall be based on their training, current experience, and demonstrated current competence and judgment and shall not include the prescribing of any medications. In making its recommendation, the Executive Committee may consider the need for clinical psychological services which are either not presently being provided by other members of the Association or which may be provided in the Medical Center without disruption of existing services. The scope and extent of services that each clinical psychologist may perform shall be specifically delineated and granted within any guidelines set forth by the Executive Committee. Psychologist services shall be under the overall supervision of the Chief, Division of Psychology in the Department of Psychiatry. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

**5.1-11 Dissemination of Privilege List:** Documentation of current privileges (granted, modified, or rescinded) shall be disseminated to, or otherwise immediately accessible electronically to, the Medical Center's Nursing Office, the Operating Room, diagnostic/therapeutic procedure areas, nursing stations for all inpatient units, and such other patient care areas as necessary to maintain an up-to-date listing of privileges for purposes of scheduling and monitoring to assure that practitioners are appropriately privileged to perform all services rendered.

## **5.2 TEMPORARY PRIVILEGES**

Temporary privileges are allowed under two circumstances only:

1. when an applicant for new privileges has submitted a complete application that raises no concerns and is waiting for review and approval by the Executive Committee and the Governing Body; and
2. to address a patient care need.

For the purposes of this Section 5.2, "applicant for new privileges" includes an individual applying for clinical privileges at the Medical Center for the first time; an individual currently holding privileges who is requesting one or more additional privileges; and an individual who is in the reappointment/reprivileging process and is requesting one or more additional privileges.

### **5.2-1 Pending Application for Association Membership or Additional Privileges**

Upon receipt of a completed and verified application for Association membership or for additional privileges, the Chief Executive Officer or his/her designee, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant and with the written concurrence of the chair of the concerned department and the President, or their designees, may grant temporary clinical privileges to the applicant, but in exercising such privileges, the applicant shall act under the supervision of the chair of the department to which he/she is assigned. Such temporary privileges should not exceed a period of one hundred and twenty (120) days in duration and shall terminate immediately if the applicant's membership application or the member's request for additional privileges is withdrawn.

### **5.2-2 Care of Specific Patient by Non-Applicant for Association Membership**

Upon receipt of a completed application for temporary clinical privileges, including without limitation, a specific list of desired clinical privileges, and verification that the practitioner has a current California license or Section 2113 certification, and, except in dire emergencies where no qualified Association member is immediately available and where delay will likely result in harm to the patient, verification of his/her current state driver's license or passport or equivalent identification, current Drug Enforcement Administration certificate (for physicians, dentists and podiatrists in order to qualify for certain privileges to prescribe restricted medications), National Practitioner Data Bank report, and status as not excluded or suspended or pending exclusion or suspension as a provider of services to Medicare, Medicaid or any other



federally-reimbursed health services program, the Chief Executive Officer or his/her designee, with the written concurrence of the chair of the concerned department and the President, or their designees, may, upon the basis of information then available which may reasonably be relied upon as to the current competence and ethical standing of the applicant, grant temporary clinical privileges for the care of a specific patient to a practitioner who is not an applicant for Association membership. If the available information is inconsistent or casts reasonable doubts on the applicant's qualifications, action on the request for temporary privileges may be deferred until the doubts have been satisfactorily resolved. Such temporary privileges, when granted, should not exceed a period of thirty (30) days in duration.

### **5.2-3 Patient Care Need by Non-Applicant for Association Membership**

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and verification of his/her education, training, current California licensure or Section 2113 certification, current state driver's license or passport or equivalent identification, current Drug Enforcement Administration certificate (for physicians, dentists and podiatrists in order to qualify for certain privileges to prescribe restricted medications), National Practitioner Data Bank report, status as not excluded or suspended or pending exclusion or suspension as a provider of services to Medicare, Medicaid or any other federally-reimbursed health services program, current experience, current competence, at least one (1) reference who has recently worked with the applicant, has directly observed the applicant's professional performance over a reasonable time, and provides reliable information regarding the applicant's current professional competence to perform the privileges requested, ethical character, and ability to work well with others so as not to adversely affect patient care, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Chief Executive Officer or his/her designee may, with the written concurrence of the chair of the concerned department and the President or their designees, grant temporary clinical privileges to fulfill an important patient care need to a practitioner who is not an applicant for Association membership. If the available information is inconsistent or casts reasonable doubts on the applicant's qualifications, action on the request for temporary privileges may be deferred until the doubts have been satisfactorily resolved. Such temporary privileges, when granted, should not exceed a period of thirty (30) days in duration.

### **5.2-5 Visiting Faculty**

**5.2-5.1** Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and verification of his/her education, training, current California licensure or Section 2113 certification, current state drivers license or passport or equivalent identification, current Drug Enforcement Administration certificate (for physicians, dentists and podiatrists in order to qualify for certain privileges to prescribe restricted medications), National Practitioner Data Bank report, status as not excluded or suspended or pending exclusion or suspension as a provider of services to Medicare, Medicaid or any other federally-reimbursed health services program, current experience, current competence, and other

qualifying information submitted by primary sources, whenever possible, and a written recommendation from the President and the chair of the appropriate department stating the applicant's credentials and qualifications and the purpose for which temporary clinical privileges are requested, the Governing Body may grant temporary clinical privileges to a visiting faculty member who is not an applicant for Association membership, to the degree permitted by his/her license, for a period not to exceed thirty (30) days. Visiting faculty shall consist of faculty members of other universities who are visiting the Professional Schools.

**5.2-5.2** For out-of-state practitioners who are guests of the Professional School and Medical Center by invitation and whose purpose is to engage in professional education through lectures, clinics or demonstrations, in accordance with Section 2060 of the California Business and Professions Code, such practitioners must be licensed in the state or country of their residence and must submit to the Association Office a request for temporary privileges for the specific activities desired. After verification of the same information as required in paragraph Section 5.2-5.1 as applicable, including current licensure in the state or country of their residence and with the concurrence of the President and the chair of the concerned department, the Governing Body may grant such visiting faculty temporary clinical privileges to perform the desired activities.

## **5.2-6 Monitoring**

Special requirements of supervision, observation and reporting may be imposed by the chair of the concerned department on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Governing Body upon notice of any failure by the practitioner to comply with any such special requirements.

## **5.3 PROCTORING**

**5.3-1 New Members:** Except as otherwise determined by the Executive Committee, all initial members to the Association shall be subject to a period of proctoring.

**5.3-2 New Privileges of Existing Members:** All members granted new clinical privileges shall be subject to a period of proctoring, in accordance with departmental rules and regulations or policies including at least two proctored cases for each new privilege granted within six months.

**5.3-3 Advancement from Proctoring Requirement:** The member shall remain subject to such proctoring until the Executive Committee has been furnished with

**5.3-3.1** a report signed by the chair of the department to which the member is assigned describing the types and numbers of cases observed and the evaluation of the applicant's performance, including a statement certifying that the applicant appears to meet all of the qualifications for unsupervised practice in that department, has discharged all of the responsibilities of Association membership, and has not exceeded or abused the prerogatives of the category to which membership was granted;

1846  
1847 **5.3-3.2** a report signed by the chair of the other department(s) in which the  
1848 member may exercise clinical privileges, describing the types and number of  
1849 cases observed and the evaluation of the applicant's performance, including a  
1850 statement certifying that the member has satisfactorily demonstrated the  
1851 ability to exercise the clinical privileges initially granted in those departments;  
1852 and

1853  
1854 **5.3-3.3** a report from the Credentials Committee with a recommendation regarding  
1855 completion of proctoring.  
1856

1857 **5.3-4 Failure to Successfully Complete Proctoring:** If a new member fails within the  
1858 time of provisional membership to furnish the certification required, or if a member  
1859 exercising new clinical privileges fails to furnish such certification within the time  
1860 allowed by the department, those specific clinical privileges shall automatically  
1861 terminate, and the member shall be entitled to a hearing, upon request, pursuant to  
1862 Article VII.  
1863

#### 1864 **5.4** EMERGENCY PRIVILEGES

1865  
1866  
1867 In case of an emergency involving a specific patient, any practitioner who is a member of  
1868 the Association or who holds a County Civil Service classified position and to the degree  
1869 permitted by his/her license and regardless of service or Association status or lack of  
1870 same, shall be permitted and assisted to do everything possible to save the life of a  
1871 patient or to save a patient from serious harm, using every facility of the Medical Center  
1872 necessary, including, but not limited to, calling for any consultation necessary or  
1873 desirable. The member shall make every reasonable effort to communicate promptly  
1874 with the department chair concerning the need for emergency care and assistance by  
1875 members of the Association with appropriate clinical privileges, and once the emergency  
1876 has passed or assistance has been made available, shall defer to the department chair  
1877 with respect to further care of the patient at the Medical Center. When an emergency  
1878 situation no longer exists, the emergency privileges of such practitioner shall  
1879 automatically terminate. For the purpose of this section 5.4, an "emergency" is defined  
1880 as a condition in which a patient is in imminent danger of serious or permanent harm or  
1881 death and any delay in administering treatment would add to that danger.  
1882

#### 1883 **5.5** DISASTER PRIVILEGES

1884  
1885 **5.5-1** In the case of a disaster where the Chief Medical Officer or the Chief Executive  
1886 Officer, or their designees, has activated the Medical Center's Emergency  
1887 Management Plan, the President, the Vice President, or, in their absence, a  
1888 department chair, the Chief Medical Officer, the Chief Executive Officer or the Chief  
1889 Executive Officer's designee, for an individual who indicates a willingness to provide  
1890 patient care at the Medical Center during the disaster, may 1) grant emergency  
1891 clinical privileges ("disaster privileges") to any licensed physician, podiatrist, clinical  
1892 psychologist, or dentist, to the degree permitted by his/her license, who does not  
1893 possess privileges at the Medical Center, or 2) permit any allied health professional  
1894 to work under a currently approved standardized procedure for which he/she meets  
1895 the qualifications.  
1896



**5.5-2** In order for a volunteer practitioner to be considered eligible to act as a licensed independent practitioner, the organization obtains for each volunteer practitioner, at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one (1) of the following:

**5.5-2.1** a current picture hospital identification card identifying professional designation;

**5.5-2.2** a current license to practice;

**5.5-2.3** identification indicating that the presenting practitioner is a member of a Disaster Medical Assistance Team, Medical Reserve Corps (MRC) or the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) or other recognized state or federal organizations or groups;

**5.5-2.4** identification indicating that the presenting practitioner has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state, or municipal entity, or

**5.5-2.5** presentation by current Association member(s) or Medical Center staff with personal knowledge regarding the presenting practitioner's identity.

**5.5-3** Disaster privileges or permission to work under a standardized procedure may be granted on a case-by-case basis following a review of the above documentation and other requested information, if any. In exercising disaster privileges or working under a standardized procedure, a practitioner shall act under the supervision of the chair of the department to which he/she is assigned and, if possible, shall be paired with an Association member or allied health professional who has a similar specialty. An initial grant of disaster privileges or permission to work under a standardized procedure is reviewed by a person authorized to grant disaster privileges or permission to work under a standardized procedure within 72 hours to determine whether the disaster privileges or permission to work under a standardized procedure should be continued. When the disaster no longer exists, as determined by the Chief Executive Officer or his/her designee, in consultation with the Chief Medical Officer, a practitioner's disaster privileges or permission to work under a standardized procedure shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat patients and shall defer to the appropriate department chair with respect to further care of patients. In addition, the Chief Executive Officer or his/her designee, on his/her own initiative or upon the recommendation of the President, the Chief Medical Officer, or the chair of the concerned department, may terminate immediately a practitioner's disaster privileges or permission to work under a standardized procedure for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

**5.5-4** Current professional licensure of those providing care under disaster privileges or a standardized procedure is verified from the primary source as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the Medical Center, whichever comes first. If primary source verification cannot be completed within 72

hours of the practitioner's arrival due to extraordinary circumstances, the Medical Center documents all of the following:

**5.5-4.1** The reason[s] verification could not be performed within 72 hours of the practitioner's arrival;

**5.5-4.2** Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment and services; and

**5.5-4.3** Evidence of an attempt to perform primary source verification as soon as possible.

**5.5-5** Licensed independent providers granted disaster privileges or permission to work under a standardized procedure shall be provided with "volunteer" identification badges through procedures described in Medical Center policies.

**5.5-6** Members of the Association shall oversee those granted disaster privileges or permission to work under a standardized procedure. If possible, the licensed independent practitioner granted disaster privileges or permission to work under a standardized procedure should be paired with a member of the Association or an allied health professional who has a similar specialty, and this pairing shall be documented.

## **5.6** HISTORY AND PHYSICAL PRIVILEGES

**5.6-1** Histories and physicals can be conducted or updated and documented only pursuant to specific privileges granted upon request to qualified physicians and other practitioners who are members of the Association or have been granted such privileges through the Interdisciplinary Practices Committee or are seeking temporary privileges acting within their scope of practice.

**5.6-2** Oral and maxillofacial surgeons who have successfully completed a postgraduate program in oral and maxillofacial surgery accredited by a nationally recognized accrediting body approved by the U.S. Office of Education and have been determined by the Association to be competent to do so, may be granted the privileges to perform a history and physical examination related to oral and maxillofacial surgery. For patients with existing medical conditions or abnormal findings beyond the surgical indications, a physician member of the Association with history and physical privileges must conduct or directly supervise the admitting history and physical examination, except the portion related to oral and maxillofacial surgery, and assume responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the oral and maxillofacial surgeon's lawful scope of practice.

**5.6-3** Every patient receives a history and physical within twenty-four (24) hours after admission, unless a previous history and physical performed within thirty (30) days of admission (or registration if an outpatient procedure) is on record, in which case that history and physical will be updated within twenty-four (24) hours after admission. If the patient is having surgery or a procedure requiring anesthesia within the first twenty-four (24) hours after admission, the admission history and physical or update must be performed prior to the procedure.

## **5.7** TELEMEDICINE PRIVILEGES

**5.7-1 Definition of Telemedicine**

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care to patients located at a distant site. Practitioners who render a diagnosis or otherwise provide clinical treatment to a patient at this Medical Center by telemedicine are subject to the Association credentialing and privileging processes.

**5.7-2 Services**

Services provided by telemedicine shall be identified by each specific department.

**5.7-3 Qualifications**

In order to qualify for telemedicine privileges, the practitioner must meet all the requirements set forth in the Bylaws and Rules for privileges (either temporary or granted in connection with membership).

**5.8 ORGAN HARVEST TEAMS**

Properly licensed practitioners who individually, or as members of a group or entity, have contracted with the Medical Center to participate in organ harvesting activities may perform such activities within the scope of their agreement with the Medical Center.

**5.9 MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT**

On its own, upon recommendation of the Credentials Committee, or pursuant to a request under Section 4.5, the Executive Committee may recommend a change in the clinical privileges or department assignment(s) of a member. The Executive Committee may also recommend that the granting of additional privileges to a current Association member be made subject to monitoring in accordance with procedures similar to those outlined in Section 5.3.

**5.10 LAPSE OF APPLICATION**

If an Association member requesting a modification of clinical privileges or department assignments fails to timely furnish the information reasonably necessary to evaluate the request, the application shall automatically lapse, and the applicant shall not be entitled to a hearing as set forth in Article VII.

**ARTICLE VI**

**EVALUATION AND CORRECTIVE ACTION**

**6.1 PEER REVIEW**

Peer review, fairly conducted, is essential to preserving the highest standards of medical practice.

2050 **6.1-1 Evaluation of Applicants**

2051  
2052 All applicants are evaluated for membership and privileges using only those  
2053 Association peer review criteria adopted consistent with these bylaws, and applied  
2054 exclusively through the processes established in these bylaws. The Association's  
2055 peer review process is part of the Medical Center's Patient Safety Evaluation System  
2056 and is therefore afforded the legal protections provided by the Patient Safety and  
2057 Quality Improvement Act of 2005 and California Peer Review protection, including  
2058 Evidence Code Section 1157.  
2059

2060 **6.1-2 Ongoing Professional Practice Evaluation**

2061  
2062 **6.1-2.1 Members are Subject to Evaluation:** All members are subject to  
2063 evaluation based on Association peer review criteria, adopted consistent with  
2064 these bylaws. Evaluation results are used in privileging, system improvement  
2065 and, when warranted, corrective action.  
2066

2067 **6.1-2.2 Peer Review Criteria:** Except as otherwise provided for in these Bylaws,  
2068 departments shall develop and routinely update peer review criteria based on  
2069 current practices and standards of care, which shall be the primary criteria  
2070 used in evaluating those applying for membership and privileges and the  
2071 performance of members and privileges holders. "Patient satisfaction" survey  
2072 responses shall not be used to evaluate professionals for membership or  
2073 privileging unless the methodology used is considered reliable by the  
2074 Association. Included in the departmental peer review criteria are the types  
2075 of data to be collected for evaluation. In addition, complaints and concerns  
2076 are analyzed in light of the department peer review criteria using mechanisms  
2077 determined by the department. Departments shall, where relevant, collect  
2078 and evaluate department members' data pertaining to:  
2079

2080 **6.1-2.2-a** Operative and other clinical procedure(s) performed and their  
2081 outcomes;  
2082

2083 **6.1-2.2-b** Patterns of blood and pharmaceutical usage;  
2084

2085 **6.1-2.1-c** Requests for tests or procedures;  
2086

2087 **6.1-2.2-d** Patterns of length of stay;  
2088

2089 **6.1-2.2-e** Use of consultants;  
2090

2091 **6.1-2.2-f** Morbidity and mortality;  
2092

2093 **6.1-2.2-g** Complaints; and  
2094

2095 **6.1-2.2-h** Findings from individual case review.  
2096

2097 Each department shall add and update department-specific criteria at least  
2098 annually for ongoing peer review of department members.  
2099

Department criteria are approved by the Executive Committee through the Professional Performance Panel. Approved criteria as updated are made known and accessible to all members.

**6.1-2.3 Circumstances Requiring Individual Case Peer Review:** The circumstances requiring peer review of individual cases shall include, but not be limited to, cases of:

**6.1-2.3-a** significant patient injury or death;

**6.1-2.3-b** critical clinical events reported to Risk Management;

**6.1-2.3-c** unexpectedly adverse outcomes given severity of illness;

**6.1-2.3-d** performance of a procedure for an inappropriate reason;

**6.1-2.3-e** failure to follow Medical Center or Association policy or Association bylaws and rules and regulations with potential harm to a patient;

**6.1-2.3-f** significant patient or staff complaint/grievance concerning an individual patient;

**6.1-2.3-g** disruptive or inappropriate conduct or activities as described in Section 2.5-2.

**6.1-2.3-h** concerns raised by third-party payers or regulatory agencies; and

**6.1-2.3-i** specific cases meeting hospitalwide quality improvement clinical indicators.

No final adverse determination of the quality of care of an individual patient attributed to a practitioner will be made until that practitioner has had an opportunity to provide input.

### **6.1-3 Focused Professional Practice Evaluation**

#### **6.1-3.1 Definition**

Focused professional practice evaluation (FPPE) is a process initiated when the conclusions from individual case review or ongoing professional practice evaluation raise questions or concerns regarding a practitioner's ability to provide safe, high quality patient care. The proctoring program, for initial and new privileges, is a component of the FPPE process.

FPPE is not considered an investigation as defined in these Bylaws and is not subject to the requirements and procedures of the investigation process. If an FPPE results in a subsequent plan to perform an investigation, the process outlined in Section 6.2 shall be followed.

#### **6.1-3.2 Initiation**

2151  
2152 FPPE is initiated when any of the following criteria are met:  
2153

2154 **6.1-3.2-a** When an Association member has been granted initial privileges  
2155 or an existing Association member has been granted new privileges or  
2156 is returning from a leave of absence. The proctoring policies described  
2157 in these Bylaws and in individual department policies will be followed;  
2158

2159 **6.1-3.2-b** When case review determines evidence of failed professional skill  
2160 or judgment or a lack of practitioner knowledge;  
2161

2162 **6.1-3.2-c** When patterns or trends of undesirable outcomes are associated  
2163 with the practitioner; and  
2164

2165 **6.1-3.2-d** When evidence exists of unprofessional conduct including  
2166 inappropriate or disruptive behavior.  
2167

2168 When any of the above criteria (other than paragraph a) occurs, an  
2169 Association officer; a departmental chairperson; a division chief; a  
2170 departmental quality improvement committee chairperson; the Chief Medical  
2171 Officer; the Chair, Professional Performance Panel; a member of the  
2172 Governing Body; the Director; or the Chief Medical Officer of Health Services  
2173 may request that FPPE be initiated. A FPPE request should be sent to the  
2174 chair of the department of the Association member or, if the subject of the  
2175 review is a department chair, to the President.  
2176

### 2177 **6.1-3.3 Procedure and Reporting** 2178

2179 FPPE may be conducted by the quality improvement committee of the  
2180 practitioner's department or by a special panel where membership is  
2181 determined by the departmental chairperson or, if the subject of the FPPE is  
2182 a departmental chairperson, by the President. The evaluation will be specific  
2183 to the individual and requested privileges, if applicable, and may include  
2184 direct observation. The review body may consider information from individual  
2185 case reviews, analysis of aggregate data including, but not limited to, clinical  
2186 indicators, outcomes and length of stay, and material submitted by the  
2187 subject practitioner. The review body will provide a report to the  
2188 departmental chairperson and the Chair, Professional Performance Panel  
2189 within forty-five (45) days of the requested review. FPPE pursuant to  
2190 paragraph 2a above which requires proctoring will be reported to the  
2191 departmental chairperson within ninety (90) days of the granting of initial or  
2192 new privileges and again prior to the completion of the practitioner's 6-month  
2193 provisional term. Within fourteen (14) days of the receipt of the report, the  
2194 department chairperson, or President, if the subject of the FPPE is a  
2195 departmental chairperson, must make a determination as to whether further  
2196 action is warranted, and this decision must be communicated to the Chair of  
2197 the Professional Performance Panel. If corrective action is proposed, the  
2198 President must also be so notified.  
2199



All activities related to FPPE, except for proctoring of initial or newly granted privileges, will be reported to the Executive Committee as part of the department's quarterly report.

#### **6.1-4 External Peer Review**

External peer review may be used as part of ongoing or focused professional practice evaluation to inform Association peer review as delineated under these bylaws. The Executive Committee, upon request from the Credentials Committee, a department chairperson, the Professional Performance Panel or the Medicolegal Committee, or upon its own accord, in evaluating or investigating an applicant, privilege holder, or member, may obtain external peer review in the following circumstances:

**6.1-4.1** Committee or department review(s) that could affect an individual's membership or privileges do not provide a sufficiently clear basis for action;

**6.1-4.2** No current Association member can provide the necessary expertise in the clinical procedure or area under review;

**6.1-4.3** To promote impartial peer review; and

**6.1-4.4** Upon the reasonable request of the practitioner.

#### **6.1-5 Results of Peer Review**

##### **6.1-5.1 Actions Resulting from Peer Review**

Adverse information resulting from ongoing peer review of members according to the relevant department criteria and analyzed by the process established in these bylaws must be acted upon. The Association officers, department and committees may counsel, educate, issue letters of warning or censure, or recommend focused professional practice evaluation in accordance with Bylaws Section 6.1-3 in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. The practitioner shall be given an opportunity to respond in writing and may be given an opportunity to meet with the officer, department or committee. Any actions documented in writing shall be maintained in the member's peer review file. Executive Committee approval is not required for such actions, although actions related to focused professional practice evaluation shall be reported to the Executive Committee. The actions shall not constitute a restriction of privileges or grounds for any formal hearing or appeal rights under Article VII of these Bylaws.

Resulting action can be, but is not limited to:

**6.1-5.1-a** documenting in the member's peer review file that the member is performing well or within desired expectations;

**6.1-5.1-b** identifying issues that require education, comments or suggestions given orally or in writing;

2251  
2252 **6.1-5.1-c** identifying issues that require a focused evaluation without  
2253 initiating formal corrective action;

2254  
2255 **6.1-5.1-d** recommending to the Executive Committee needed  
2256 changes in Medical Center systems to improve patient safety or the  
2257 quality of patient care; or

2258  
2259 **6.1-5.1-e** recommending corrective action under these bylaws.  
2260

## 2261 **6.1-5.2 Documentation**

2262  
2263 The fact of the peer review and any recommendations and determinations  
2264 pertaining to the member shall be included in the member's peer review file  
2265 and dealt with according to these bylaws.  
2266

## 2267 **6.2 ROUTINE CORRECTIVE ACTION**

### 2268 **6.2-1 Collegial Intervention**

2269  
2270 **6.2-1.1** These bylaws encourages the use of progressive steps by Association  
2271 leaders and Medical Center management, beginning with collegial and  
2272 educational efforts, to address questions relating to an Association member's  
2273 clinical practice and/or professional conduct. The goal of these efforts is to  
2274 arrive at voluntary, responsive actions by the individual to resolve questions  
2275 that have been raised.  
2276

2277  
2278 **6.2-1.2** Collegial efforts may include, but are not limited to counseling, sharing of  
2279 comparative data, monitoring, and additional training or education.  
2280

2281 **6.2-1.3** All collegial intervention efforts by Association leaders and Medical  
2282 Center management are part of the Medical Center's performance  
2283 improvement and professional and peer review activities.  
2284

2285 **6.2-1.4** The relevant Association leader(s) shall determine whether it is  
2286 appropriate to include documentation of collegial interventional efforts in an  
2287 Association member's credential file(s) and/or peer review file(s). The  
2288 Association member will have an opportunity to review and respond in  
2289 writing. The response shall be maintained in that member's credential file(s)  
2290 and/or peer review file(s) along with the original documentation.  
2291

2292 **6.2-1.5** Collegial intervention efforts are encouraged but are not mandatory, and  
2293 shall be within the discretion of the appropriate Association and Medical  
2294 Center management.  
2295

2296 **6.2-1.6** The President, in conjunction with the Chief Executive Officer or the Chief  
2297 Medical Officer shall determine whether to direct that a matter be handled in  
2298 accordance with another policy or to direct to the Executive Committee for  
2299 further determination.  
2300

### 2301 **6.2-2 Minor Infractions**

**6.2-2.1** The President, any Department Chair, the Executive Committee, or their respective designees shall be empowered, after an investigation, to take appropriate disciplinary action in connection with minor infractions. Such disciplinary action may include, but shall not be limited to, the issuance of a warning, a letter of reprimand or an admonition.

**6.2-2.2** For the purposes of this Section 6.2-2, a "minor infraction" may be any activity or conduct which is lower than the standards or aims of the Association, but which would not ordinarily trigger a recommendation for the denial, reduction, suspension, revocation or termination of privileges or Association membership. A sanction imposed pursuant to this Section 6.2-2 shall constitute grounds for a hearing under Article VII of these bylaws.

**6.2-2.3** At the discretion of the President adverse actions imposed or implemented pursuant to this Section 6.2-2 may be reported to the Executive Committee with a copy transmitted to the Governing Body. If the Executive Committee determines that the violation is not a minor infraction, or that the intended disciplinary action is inappropriate and that other action is necessary, the Executive Committee may institute alternative disciplinary measures in accordance with this Section 6.2-2 or in accordance with other provisions of these bylaws.

**6.2-3 Criteria for Initiation:** Whenever reliable information indicates a practitioner with clinical privileges may have exhibited any act, statement, demeanor, or professional conduct, either within or outside the Medical Center, which is or is reasonably likely to be

**6.2-3.1** detrimental to patient safety or to the delivery of quality patient care,

**6.2-3.2** disruptive or deleterious to the operations of the Medical Center or improper use of Medical Center resources,

**6.2-3.3** below applicable professional standards,

**6.2-3.4** contrary to the Association's bylaws, rules, regulations, or policies, or

**6.2-3.5** unethical,

then an investigation or corrective action against such practitioner may be requested by any officer of the Association, by the chair of any department, by the chair of any standing committee of the Association, by the Chief Medical Officer, by the Chief Executive Officer, by the Chief Medical Officer of Health Services, by the Director, or by a member of the Governing Body, upon the complaint, request, or suggestion of any person.

**6.2-4 Initiation:** All requests for an investigation or corrective action shall be in writing, shall be made to the President or his/her designee, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request. If the Executive Committee initiates the request, it shall make an appropriate recording of the reason(s).

**6.2-5 Investigation:** If the Executive Committee concludes an investigation is warranted, it shall direct an investigation to be undertaken. The Executive Committee may conduct the investigation itself, assign the task to an appropriate Association officer or standing or *ad hoc* committee of the Association, or may forward such request to the chair of the department(s) wherein the practitioner has such privileges who, upon receipt of such request, shall immediately appoint an *ad hoc* committee to investigate the matter. The Executive Committee in its discretion may appoint practitioners who are not members of the Association as Ad-hoc Staff members of the Association for the sole purpose of serving on a standing or *ad hoc* committee. If the investigation is delegated to an officer, department chair or committee other than the Executive Committee, such officer, department chair or committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Executive Committee within thirty (30) days. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and the general nature of the charges against him/her and shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a "hearing" as that term is used in Article VII nor shall the procedural rules with respect to hearings or appeals apply. A record of such interview(s) shall be made by the department or investigating body and included with its report to the Executive Committee. Despite the status of any investigation, at all times the Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

**6.2-6 Corrective Action Against a Chair:** Whenever the request for an investigation or corrective action is directed against the chair of a department, the Executive Committee shall appoint an *ad hoc* investigating committee which shall perform all the functions of the departmental *ad hoc* investigating committee as described in Section 6.2-5.

**6.2-7 Executive Committee Action:** Within sixty (60) days following the receipt of the investigating body's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Governing Body. As soon as practicable after the conclusion of the investigation, the Executive Committee shall take action which may include, without limitation:

**6.2-7.1** Rejection of the request for corrective action;

**6.2-7.2** Deferring action for a reasonable time where circumstances warrant;

**6.2-7.3** Referring the member to the Well-Being of Practitioners Committee for evaluation and follow-up as appropriate;

**6.2-7.4** Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process. In the event such letter is issued, the affected member may make a written response which shall be placed in the member's peer review file in accordance with Section 15.8-6 of these bylaws;

**6.2-7.5** Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for co-admission, mandatory consultation, or monitoring;

**6.2-7.6** Recommending reduction, modification or revocation of clinical privileges;

**6.2-7.7** Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;

**6.2-7.8** Recommending suspension of clinical privileges until satisfactory completion of specific conditions or requirements;

**6.2-7.9** Recommending suspension of Association membership until satisfactory completion of specific conditions or requirement

**6.2-7.10** Reductions of membership status, limitation of any prerogatives directly related to the member's delivery of patient care,

**6.2-7.11** Recommending revocation of Association membership; and

**6.2-7.12** Taking other actions deemed appropriate under the circumstances.

**6.2-8 Determination of Medical Disciplinary Action:** If the Executive Committee takes any action that would give rise to a hearing pursuant to Article VII of these Bylaws, it shall also make a determination whether the action is a "medical disciplinary" action or an "administrative disciplinary" action. A medical disciplinary action is one taken for cause or reason that involves that aspect of a practitioner's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. All other actions are deemed administrative disciplinary actions.

If the Executive Committee makes a determination that the action is medical disciplinary, it shall also determine whether the action is taken for any of the reasons required to be reported to the Medical Board of California pursuant to California Business & Professions Code Section 805.01.

**6.2-9 Notification of Corrective Action and Action by the Governing Body:** If corrective action as set forth in Sections 7.2-1 through 7.2-12 is recommended by the Executive Committee, that recommendation shall be transmitted to the Chief Medical Officer, the Chief Executive Officer, the chief Medical Officer of Health Services, the Director and the Governing Body. So long as the recommendation is supported by substantial evidence, the recommendation of the Executive Committee



shall be adopted by the Governing Body as final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII.

**6.2-10 Initiation by Governing Body:** If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee fails to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner, but this corrective action must comply with Articles VI and VII of these Association Bylaws. If such action is favorable to the member, or constitutes an admonition, reprimand or warning to the member, it shall become effective as the final decision of the Governing Body.

### **6.3 SUMMARY RESTRICTION OR SUSPENSION**

**6.3-1 Initiation:** The Executive Committee or, in its absence, the President or the chair or designee of the department(s) in which the member holds privileges may immediately suspend or restrict clinical privileges of a licensee where the failure to take that action may result in an imminent danger to the health or safety of any individual, provided that the licensee is subsequently provided with the special notice and hearing rights set forth in this Article below.

**6.3-2 Initiation and Action by Governing Body:** Notwithstanding any other provision of these bylaws, when no person or body authorized by these bylaws is available to summarily restrict or suspend clinical privileges, the Governing Body or its designee may temporarily restrict or suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent danger to the health of any person so long as the Governing Body has, before the restriction or suspension, made reasonable attempts to contact the President, members of the Executive Committee, and the appropriate department chair or designee. A summary restriction or suspension by the Governing Body which has not been ratified by the Executive Committee within two (2) working days (excluding weekends and holidays) after the restriction or suspension, shall automatically terminate.

**6.3-3 Written Notice of Summary Restriction or Suspension:** The written notice of restriction or suspension shall include a statement of facts demonstrating that the suspension was necessary because failure to restrict or suspend the practitioner's privileges summarily could reasonably result in an imminent danger to the health of an individual and include a summary of one or more particular incidents giving rise to the assessment of imminent danger. The initial notice shall not substitute for, but is in addition to, the notice required under Section 7.3 (which applies in all cases where the Executive Committee does not immediately terminate the summary restriction or suspension). The notice under Section 7.3 may supplement the initial notice provided under this Section 6.3-3 by including any additional relevant facts supporting the need for summary restriction or suspension or other corrective action.

**6.3-4 Executive Committee Action:** Within one (1) week after such summary



restriction or suspension, a meeting, by telephone or in person or in any combination of the two, of the Executive Committee (or a subcommittee appointed by the President) shall be convened on at least two (2) hours' notice to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Executive Committee may impose, although in no event shall any meeting of the Executive Committee, with or without the member, constitute a "hearing" within the meaning of Article VII, nor shall any procedural rules apply. The Executive Committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the member with notice of its decision within two (2) working days of the meeting.

**6.3-5 Procedural Rights:** Unless the Executive Committee promptly terminates the summary restriction or suspension, the member shall be entitled to the procedural rights afforded by Article VII. In addition, the affected practitioner shall have the following rights:

**6.3-5.1** Any practitioner who has properly requested a hearing under Article VII of the Association bylaws may request that the hearing be bifurcated, with the first part of the hearing being devoted exclusively to procedural matters, including the propriety of summary restriction or suspension. Along with any other appropriate requests for rulings, the affected practitioner may request that the Judicial Review Committee stay the summary restriction or suspension, pending the final outcome of the hearing and any appeal.

**6.3-5.2** At the conclusion of the portion of the hearing concerning the propriety of summary restriction or suspension, the Judicial Review Committee shall issue a written opinion on the issues raised, including whether or not the facts stated in the written notice to the affected practitioner adequately support a determination that failure to summarily restrict or suspend could reasonably result in "imminent danger" to an individual. Such written opinion shall be transmitted to both the affected practitioner and the Executive Committee within one (1) week of the date of the hearing concerning the propriety of summary restriction or suspension.

**6.3-5.3** If the Judicial Review Committee's determination is that the facts stated in the notice required by Section 6.3-3 do not support a reasonable determination that failure to summarily restrict or suspend the practitioner's privileges could result in imminent danger, the summary restriction or suspension shall be immediately stayed pending the outcome of the hearing and any appeal.

**6.3-6 Transfer of Patient Care:** Immediately upon the imposition of a summary restriction or suspension, the President or responsible department chair shall have authority to provide for alternative medical coverage for the patients of the restricted or suspended practitioner still in the Medical Center at the time of such restriction or suspension considering, where feasible, the wishes of the patients in the choice of a substitute member.

#### **6.4 AUTOMATIC SUSPENSION**

#### 6.4-1 General

In the circumstances described in Sections 6.4-2 through 6.4-8, a practitioner's Association membership and/or clinical privileges shall be terminated, suspended, or limited as described, which action shall be final and shall not be subject to a hearing or appellate review under Article VII, except where a *bona fide* dispute exists as to whether the circumstances have occurred or as required by law.

#### 6.4-2 License

**6.4-2.1 Revocation or Expiration:** Whenever a practitioner's license or other legal credential authorizing him/her to practice in California is revoked or has expired, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

**6.4-2.2 Restriction:** Whenever a practitioner's license or other legal credential authorizing him/her to practice in California is limited or restricted by the applicable licensing or certifying authority, those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically limited or restricted in a similar manner.

**6.4-2.3 Suspension:** Whenever a practitioner's license or other legal credential authorizing him/her to practice in California is suspended by the applicable licensing or certifying authority, his/her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the suspension.

**6.4-2.4 Probation:** If a practitioner's license to practice in California is subject to probation by the applicable licensing or certifying authority, his/her applicable Association membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation effective upon and for at least the term of the probation.

#### 6.4-3 Drug Enforcement Administration Certificate

**6.4-3.1 Revocation, Limitation or Suspension:** Whenever a practitioner's Drug Enforcement Administration certificate is revoked, limited or suspended, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

**6.4-3.2 Probation:** Whenever a practitioner's Drug Enforcement Administration certificate is subject to probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the same terms of the probation effective upon and for at least the term of the probation.

#### 6.4-4 Medical Records

Members of the Association are required to complete medical records within such reasonable time as may be prescribed by the Executive Committee. A limited suspension in the form of withdrawal of admitting and other related privileges until medical records are completed, shall be imposed by the President or the President's designee. Such suspension shall be imposed automatically beginning ten (10) working days after the mailing by certified mail, return receipt requested, or by personal service to the affected Association member, at his or her current address as documented in the Association Office. During this ten (10) day period, the affected Association member may explain any extenuating circumstances, including questions regarding the accuracy of the information regarding the incomplete medical records, to the President or the President's designee who, in his/her discretion, may extend the period before the temporary suspension shall begin or lift the suspension. For the purpose of this Section 6.4-4, 'related privileges' include scheduling surgery, assisting in surgery, consulting on hospital cases, and providing professional services within the hospital for future patients. Bona fide vacation or illness may constitute an excuse subject to approval by the Executive Committee. Members whose privileges have been suspended for delinquent records may admit patients only in life-threatening situations. The suspension shall continue until lifted by the President or the President's designee. Nothing in the foregoing shall preclude the implementation, by the Executive Committee, of a monetary fine for delinquent medical records.

#### **6.4-5 Professional Liability Insurance**

For any failure to maintain the programs of insurance as described in Article XVII, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the President that he/she has secured such programs of insurance in the amounts required. If the practitioner fails to provide such evidence within ninety (90) days after the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges as of the last date of such ninety (90) day period.

#### **6.4-6 Failure to Pay Dues or Assessments**

For any failure, without good cause as determined by the Executive Committee, to promptly pay annual dues or special assessments to the Association pursuant to these bylaws, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the President that he/she has paid such dues in the amount required. If the practitioner fails to provide such evidence within three (3) months after written warnings of delinquency, the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges as of the last date of such three (3) month period.

#### **6.4-6 Failure to Satisfy Special Attendance Requirement**

Failure of a member without good cause to provide information or appear when requested by an Association committee as described in Section 12.9-4 shall result in referral to the Executive Committee for action, which may include automatic

suspension of all privileges. The automatic suspension shall remain in effect until the practitioner has provided requested information and/or satisfied the special attendance requirement which has been made by the Association committee.

#### **6.4-8 Exclusion or Suspension from Participation in Federal or State Health Services Programs**

If a practitioner is excluded or suspended from participation in the Medicare, Medicaid, or any other State or Federal health services program, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

#### **6.4-9 Executive Committee Deliberation**

As soon as practicable after action is taken as described in Sections 6.4-2, 6.4-3, 6.4-4, 6.4-5, 6.4-7 or 6.4-8, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee may request additional corrective action based upon information disclosed or otherwise made available, and, in such event, the corrective action process set forth in Section 6.2 shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

#### **6.4-10 Notification of Automatic Suspension**

Whenever a practitioner's clinical privileges are automatically suspended or restricted in whole or in part, notice of such suspension or restriction shall be given to the practitioner, the President, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, the Director and the Governing Body. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the President or the responsible department chair shall have the authority to provide for alternative medical coverage for the patients of the suspended or restricted practitioner still in the Medical Center at the time of such suspension or restriction.

### **6.5 EXHAUSTION OF REMEDIES**

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 6.2, 6.3 and 6.4, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

### **6.6 CONFIDENTIALITY**

To maintain confidentiality, participants in the corrective action process shall limit their discussion of the matters involved to the formal avenues provided in these Bylaws for peer review and discipline.

## **ARTICLE VII**

## HEARING AND APPELLATE REVIEW PROCEDURE

### **7.1 EXHAUSTION OF REMEDIES**

If adverse action described in Section 7.2 is taken or recommended, the applicant or member must exhaust the remedies afforded by these bylaws before resorting to legal action.

### **7.2 GROUNDS FOR HEARING**

Except as otherwise provided in these bylaws, any one or more of the following actions or recommended actions shall be deemed actual or potential adverse action and constitute grounds for a hearing:

**7.2-1** Denial of Association membership;

**7.2-2** Denial of requested advancement in Association membership category or membership status;

**7.2-3** Denial of Association reappointment;

**7.2-4** Involuntary demotion to lower Association membership category;

**7.2-5** Suspension of Association membership;

**7.2-6** Revocation of Association membership;

**7.2-7** Denial of requested clinical privileges;

**7.2-8** Involuntary reduction of current clinical privileges;

**7.2-9** Suspension of clinical privileges;

**7.2-10** Termination of clinical privileges;

**7.2-11** Involuntary imposition of significant consultation or monitoring requirements (excluding monitoring incidental to provisional status and for new privileges); or

**7.2-12** Any other action which requires a report to be made to the Medical Board of California or other appropriate State licensing agency.

### **7.3 NOTICE OF ACTION OR PROPOSED ACTION**

In all cases in which action has been taken or a recommendation has been made as set forth in Section 7.2, the President or designee on behalf of the Executive Committee shall promptly give the applicant or member written notice of (1) the recommendation or final proposed action and that, except with respect to actions reported to Business & Professions Code §805.01, such action, if adopted, shall be taken and reported to the Medical Board of California and/or to the National Practitioner Data Bank if required; (2) the reasons for the proposed action including the acts or omissions with which the member is charged; (3) the right to request a hearing pursuant to Section 7.4, below and



that such hearing must be requested within thirty (30) days; and (4) a summary of the rights granted in the hearing pursuant to Article VII of these Bylaws. If the recommendation or final proposed action is reportable to the Medical Board of California and/or to the National Practitioner Data Bank, the written notice shall state the proposed text of the report(s).

#### **7.4 REQUEST FOR HEARING**

**7.4-1 Response to Notice of Action:** The applicant or member shall have thirty (30) days following receipt of such notice of such action or recommendation to request a Judicial Review Committee hearing. The request shall be in writing addressed to the Executive Committee. In the event the applicant or member does not request a hearing within the time and in the manner described, the applicant or member shall be deemed to have waived any right to a hearing and accepted the action or recommendation in question, which shall thereupon become final and binding.

**7.4-2 Action on Request for Hearing:** Upon receipt of a request for a hearing, the Executive Committee shall schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Executive Committee for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, so long as the member or applicant has at least thirty (30) days from the date of notice to prepare for the hearing or waives this right.

**7.4-3 Notice of Hearing:** Together with the notice stating the place, time and date of the hearing, the President or designee on behalf of the Executive Committee shall provide the reasons for the recommended action, including the acts or omissions with which the member is charged, a list of the charts in question, where applicable, and a list of the witnesses (if any) expected to testify at the hearing on behalf of the Executive Committee. The content of this list is subject to update pursuant to Section 7.5, below.

**7.4-4 Judicial Review Committee:** When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee including the designation of the chair. The Judicial Review Committee shall be composed of not less than five (5) members of the Active Staff who shall be impartial, shall gain no direct financial benefit from the outcome, are not in direct economic competition with the involved practitioner, and shall not have acted as accusers, investigators, fact finders, initial decision makers or otherwise have not actively participated in the consideration of the matter involved at any previous level. Knowledge of the particular matter in question shall not preclude a member from serving as a member of the Judicial Review Committee. In the event it is not feasible to appoint a Judicial Review Committee entirely from the active staff, the Executive Committee may appoint members from other staff categories or practitioners who are not members of the Association. Of the Association members who serve on the Judicial Review Committee, at least one shall be a member who shall have the same healing arts licensure as the accused, and where feasible, the Committee shall also include an individual practicing the same specialty as the member.



**7.4-5 Failure to Appear:** Failure, without a showing of good cause by the person requesting the hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately.

**7.4-6 Postponements:** Postponements and extensions of time beyond the time expressly permitted in these bylaws may be requested by anyone but shall be permitted by the Judicial Review Committee or the Hearing Officer acting upon its behalf only on a showing of good cause or upon agreement of the parties.

## **7.5 HEARING PROCEDURE**

**7.5-1 Prehearing Requests for Information:** The applicant or Member shall have the right to inspect and copy at the applicant's or Member's expense documents or other evidence upon which the charges are based, as well as all other evidence relevant to the charges which the peer review body has in its possession or under its control or which will be made available to the Judicial Review Committee, as soon as practicable after the receipt of the applicant's or Member's request for a hearing. The peer review body shall have the right to inspect and copy at the peer review body's expense any documentary information relevant to the charges which the applicant or Member has in his or her possession or control or which will be made available to the Judicial Review Committee as soon as practicable after receipt of the peer review body's request. The failure by either party to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable licentiates, other than the applicant or Member under review. The Hearing Officer shall consider and rule upon any request for access to information and may impose any safeguards the protection of the peer review process and justice requires. In so doing, the Hearing Officer shall consider:

**7.5-1.1** whether the information sought may be introduced to support or defend the charges;

**7.5-1.2** the exculpatory or inculpatory nature of the information sought, if any;

**7.5-1.3** the burden imposed on the party in possession of the information sought, if access is granted; and

**7.5-1.4** any previous requests for access to information submitted or resisted by the parties to the same proceeding.

**7.5-2 Request for List of Witnesses:** At the request of either side, the parties shall exchange lists of witnesses expected to testify. Failure to disclose the identity of a witness at least ten (10) days before the commencement of the hearing shall constitute good cause for a continuance.

**7.5-3 Notification of Procedural Disputes:** It shall be the duty of the person requesting the hearing and the Executive Committee or its designee to exercise reasonable diligence in notifying the chair of the Judicial Review Committee of any

pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any prehearing decisions may be succinctly made at the hearing.

**7.5-4 Representation by Legal Counsel:** The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on professional conduct, professional competency or character. The person requesting the hearing shall be entitled to representation by legal counsel, at his or her expense, in any phase of the hearing, if the individual so chooses. The applicant or Member must inform the Executive Committee of his/her choice to be represented by counsel in his/her request for the hearing. In the absence of legal counsel, the applicant or member shall be entitled to be accompanied by and represented at the hearing by a physician, dentist, podiatrist or clinical psychologist licensed in the State of California of the applicant's or Member's choosing. The Executive Committee shall not be represented by an attorney at law if the person requesting the hearing is not so represented.

**7.5-5 Qualifications of Hearing Officer:** The use of a Hearing Officer to preside at a hearing is mandatory. The Hearing Officer shall be an attorney at law, qualified to preside over a quasi-judicial hearing. Such Hearing Officer may not be from a firm regularly utilized by Los Angeles County, the Medical Center, the Association or the person requesting the hearing, for legal advice regarding their affairs. The Hearing Officer shall gain no direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate for any party.

**7.5-6 Selection of Hearing Officer:** The appointment of a Hearing Officer shall be by the Executive Committee, as follows:

**7.5-6.1** Together with the notice of a hearing, the practitioner requesting the hearing shall be provided a list of at least three (3) but not more than five (5) potential Hearing Officers,

**7.5-6.2** The practitioner shall have five (5) working days to accept any of the listed potential Hearing Officers or to propose at least three (3) but not more than five (5) other names of potential Hearing Officers.

**7.5-6.3** If the practitioner is represented by legal counsel, the parties' legal counsels may meet and confer in an attempt to reach accord in the selection of a Hearing Officer from the two parties' lists.

**7.5-6.4** If the parties are not able to reach agreement on the selection of a Hearing Officer within five (5) working days of receipt of the practitioner's proposed list, the President shall select an individual from the composite list.

**7.5-7 Hearing Officer's Authority:** The Hearing Officer shall be the presiding officer at the hearing. He/she shall preside over the voir dire process and may question panel members directly. The Hearing Officer shall endeavor to ensure that all participants in the hearing have a reasonable opportunity to be heard, to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. He/she shall be entitled to determine the order of or

procedure for presenting evidence and argument during the hearing. In addition to ruling on prehearing requests for information as described in Section 7.5-1, he/she shall have the authority and discretion, in accordance with these bylaws, to make all rulings on questions which pertain to matters of law and to the admissibility of evidence.

At the commencement of the hearing, the Hearing Officer may also apprise the Judicial Review Committee of its right to terminate the hearing due to the applicant's or member's failure to cooperate with the hearing process, but shall not independently make that determination or otherwise recommend such a termination.

If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may recommend that the Judicial Review Committee take such discretionary action as seems warranted by the circumstances including, but not limited to, setting fair and reasonable time limits on either side's presentation of its case.

If requested by the Judicial Review Committee, the Hearing Officer may participate in the deliberations of such body and be a legal advisor to it, but he or she shall not be entitled to vote.

**7.5-8 Challenging Impartiality of Judicial Review Committee and Hearing Officer:**

The parties shall be entitled to a reasonable opportunity to question and challenge the impartiality of Judicial Review Committee members and the Hearing Officer. Challenges to the impartiality of any Judicial Review Committee member or the Hearing Officer shall be ruled on by the Hearing Officer.

**7.5-9 Judicial Review Committee Records:** A shorthand reporter shall be present to make a record of the hearing proceedings as well as the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the shorthand reporter shall be borne by the Medical Center, but the cost of the transcript, if any, shall be borne by the requesting party. Oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

**7.5-10 Rights of Both Sides at Hearing:** Within reasonable limitations, both sides at the hearing shall be provided with all of the information made available to the trier of fact, may call, examine, and cross examine witnesses, may present and rebut evidence determined relevant by the hearing officer, and may submit a written statement at the close of the hearing so long as these rights are exercised in an efficient and expeditious manner. The applicant or member may be called by the Medical Executive Committee and examined as if under cross-examination.

**7.5-11 Admission of Evidence:** The hearing shall not be conducted according to the rules of law relating to procedure, the examination of witnesses or presentation of evidence. Any relevant evidence, including hearsay, shall be admitted by the Hearing Officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate.

**7.5-12 Burden of Proof**

2964  
2965 **7.5-12.1** At the hearing, the Executive Committee shall have the initial duty to  
2966 present evidence which supports it's the charges or recommended action.

2967  
2968 **7.5-12.2** An initial applicant shall bear the burden of persuading the Judicial  
2969 Review Committee, by a preponderance of the evidence, of the applicant's  
2970 qualifications by producing information which allows for adequate evaluation  
2971 and resolution of reasonable doubts concerning the applicant's current  
2972 qualifications for membership and privileges. An initial applicant shall not be  
2973 permitted to introduce information requested by the Association but not  
2974 produced during the application process unless the applicant establishes that  
2975 the information could not have been produced previously in the exercise of  
2976 reasonable diligence.

2977  
2978 **7.5-12.3** Except as provided above for initial applicants, the Executive Committee  
2979 shall bear the burden of persuading the Judicial Review Committee, by a  
2980 preponderance of the evidence, that its action or recommendation is  
2981 reasonable and warranted.

## 2982 2983 **7.6** ADJOURNMENT AND CONCLUSION

2984  
2985 **7.6-1 Conclusion of Hearing:** After consultation with the chair of the Judicial Review  
2986 Committee, the Hearing Officer may adjourn the hearing and reconvene the same at  
2987 the convenience of the participants without special notice at such times and intervals  
2988 as may be reasonable and warranted, with due consideration for reaching an  
2989 expeditious conclusion to the hearing. Both the Executive Committee and the  
2990 applicant or member may submit a written statement at the close of the hearing. Upon  
2991 conclusion of the presentation of oral and written evidence, or the receipt of closing  
2992 written arguments, if submitted, the hearing shall be closed. The Judicial Review  
2993 Committee shall thereupon conduct its deliberations and render a decision and  
2994 accompanying report, in the manner and within the time as provided in Section 7.6-4.

2995  
2996 **7.6-2 Presence of Judicial Review Committee Members and Vote:** Each member of  
2997 the Judicial Review Committee must be present throughout the hearing and  
2998 deliberations in order to vote absent an agreement by the parties to the contrary. The  
2999 final decision of the Judicial Review Committee must be sustained by a majority vote.

3000  
3001 **7.6.3 Basis for Recommendation:** The recommendation of the Judicial Review  
3002 Committee shall be based on the evidence introduced at the hearing, including all  
3003 logical and reasonable inferences from the evidence and the testimony.

3004  
3005 **7.6-4 Decision of Judicial Review Committee:** The Judicial Review Committee's duty  
3006 shall be to determine whether the decision of the body whose decision prompted the  
3007 hearing was reasonable and warranted. Within thirty (30) days after final  
3008 adjournment of the hearing, the Judicial Review Committee shall render a decision,  
3009 which shall include the Judicial Review Committee's findings of fact with respect to  
3010 the charges, and a conclusion articulating the connection between evidence  
3011 produced at the hearing and its recommendation, and its conclusions regarding  
3012 whether each of the individual charges independently support the action taken or  
3013 whether they support the charges when taken together. If the affected applicant or  
3014 Member is currently under suspension, the time for the decision shall be fifteen (15)

days. The recommendation of the Judicial Review Committee shall be delivered to the Executive Committee, to the President, to the Chief Medical Officer, to the Chief Executive Officer, to the Director, and to the Governing Body and by special notice to the affected applicant or Member.

**7.6-5 Finality of Decision:** The decision of the Judicial Review Committee shall be considered final, subject only to the right of appeal as provided in Section 7.7.

**7.6-6 Right to Only One Hearing:** No person who requested the hearing shall be entitled to more than one hearing on any single matter which may be the subject of a hearing.

## **7.7 APPEAL TO GOVERNING BODY**

**7.7.1 Time to Appeal:** Within thirty (30) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Governing Body. Such request shall be in writing to the President or to the Chief Executive Officer and shall be delivered either in person or by certified mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have waived any right to appellate review and accepted the action involved.

**7.7-2 Grounds for Appeal:** A written request for an appeal shall include an identification of the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. Grounds for appeal from the decision of the Judicial Review Committee shall be:

**7.7-2.1** that there was substantial noncompliance with the procedures required by these bylaws, which noncompliance has created demonstrable prejudice; or

**7.7-2.2** that the decision was not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 7.4-5 hereof.

**7.7-3 Time, Place and Notice:** In the event of any appeal to the Governing Body, as set forth in the preceding Section 7.7-1, the Appeal Board shall within fifteen (15) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Appeal Board shall cause the applicant or member to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days, nor more than sixty (60) days, from the date of receipt of the request for appellate review, provided that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as arrangements may reasonably be made, not to exceed fifteen (15) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Appeal Board upon a showing of good cause.

**7.7-4 Appeal Board:** When an appellate review is requested, the Governing Body shall appoint an Appeal Board which shall be composed of five (5) Appeal Board



members, two (2) of whom shall be taken from the administrative staff of the Medical Center and three (3) of whom shall be taken from the Association. One member shall be designated by the Governing Body as Chair. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board so long as that person did not act as an accuser, investigator, factfinder, or initial decision maker in the same matter and did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

**7.7-5 Appeal Procedure:** The proceeding of the Appeal Board is an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided, however, that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing; or the Appeal Board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision. The Appeal Board shall remand the matter to the Judicial Review Committee where it accepted additional written or oral evidence that could materially impact its decision.

Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his/her position on appeal, and to personally appear and make oral argument. At the conclusion of oral argument, the Appeal Board may thereupon at a time convenient to itself conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Governing Body affirm or reverse the decision of the Judicial Review Committee or refer the matter back to the Judicial Review Committee for further review and recommendation.

**7.7-6 Governing Body's Decision:** Within thirty (30) days after receipt of the recommendations of the Appeal Board, the Governing Body shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified mail, return receipt requested. The Governing Body shall affirm the Judicial Review Committee's decision if the Judicial Review Committee's decision is supported by substantial evidence, following a fair procedure. Should the Appeal Board determine that the Judicial Review Committee's decision is not supported by substantial evidence, the Governing Body may reverse the decision of the Judicial Review Committee, or may instead, or shall, where a fair procedure has not been afforded, remand the matter back to the Judicial Review Committee for further review and recommendation, stating the purpose for the referral.

**7.7-7 Decision in Writing:** The final decision shall be in writing, shall specify the reasons for the action taken, shall include the text of the report which shall be made to the National Practitioner Data Bank and the Medical Board of California, if any, and shall be forwarded to the President, Chief Medical Officer, the Executive Committee, the Chief Executive Officer, and the subject of the hearing at least ten (10) days prior to submission to the Medical Board of California.



**7.7-8 Right to One Appeal:** Except as otherwise provided in these bylaws, or in circumstances where a new hearing is ordered by the Governing Body or a court because of procedural irregularities or otherwise for reasons not the fault of the applicant or member, no applicant or Association member shall be entitled as a matter of right to more than one appeal to the Governing Body on any single matter which may be the subject of an appeal.

## **7.8 CONFIDENTIALITY**

To maintain confidentiality in the performance of peer review, disciplinary and credentialing functions, participants in any stage of the hearing or appellate review process shall not disclose or discuss the matters involved outside of the formal avenues provided in these Association Bylaws.

## **7.9 RELEASE**

By requesting a hearing or appellate review under these Bylaws, a practitioner agrees to be bound by the provisions in the Association Bylaws relating to immunity from liability for the participants in the hearing process.

## **7.10 EXCEPTION TO HEARING RIGHTS FOR CONTRACT PHYSICIANS**

The procedural rights specified in this Article VII shall apply to members who are directly under contract with the Medical Center in a medical administrative capacity or are in a closed department, except with respect to privileges for medical services which are the subject of an exclusive contract or contracts which have been awarded to another physician or physicians. The member shall have no right to a hearing with respect to the termination of the contract itself which shall be governed by the terms of the contract.

## **7.11 DISPUTING REPORT LANGUAGE**

A member who is the subject of a proposed adverse action report to the Medical Board of California or the National Practitioner Data Bank may request an informal meeting to dispute the text of the report filed. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report filed is consistent with the final action issued. The meeting shall be attended by the subject of the report, the President, the chair of the subject's department, and the Medical Center's authorized representative, or their respective designees.

## **7.12 FAIR REVIEW**

### **7.12-1 Grounds for Fair Review**

Except as expressly provided for otherwise in these bylaws (such exception to include, but not be limited to, any and all automatic actions specified in these bylaws, an Association department rule, regulation or policy, or a Medical Center policy or policy decision that has been approved by the Executive Committee), the taking or recommending of any one or more of the following actions by the Executive Committee for reasons other than a medical disciplinary cause or reason (MDCR)

(except as provided in items 9 and 10 below) shall constitute grounds for a Fair Review:

**7.12-1.1** denial of Association membership.

**7.12-1.2** denial of reappointment.

**7.12-1.3** suspension of Association membership or clinical privileges.

**7.12-1.4** termination of Association membership.

**7.12-1.5** denial of requested clinical privileges, other than temporary privileges.

**7.12-1.6** reduction in clinical privileges.

**7.12-1.7** termination of privileges, other than temporary privileges.

**7.12-1.8** denial of membership in requested Association category or involuntary change in Association category.

**7.12-1.9** summary suspension for fourteen (14) consecutive days or less, for a MDCR.

**7.12-1.10** restriction of privileges for twenty-nine (29) days or less during a twelve (12) month period for a MDCR.

#### **7.12-2** Notice of Adverse Action or Recommended Action

Whenever any of the actions constituting grounds for a Fair Review under Section 7.12-1 above, has been taken or recommended, the Executive Committee shall give written notice to the affected practitioner. The notice shall:

**7.12-2.1** describe what action has been taken or recommended.

**7.12-2.2** state the reasons for the action or recommendation.

**7.12-2.3** state that the practitioner is entitled to a Fair Review, which must be requested in writing and the request received by the President or his/her designee within thirty (30) days after the practitioner's receipt of the notice of adverse action or recommended action.

#### **7.12-3** Fair Review Procedure

The procedure for requesting, arranging for and conducting a fair review shall be the same as for hearings except that:

**7.12-3.1** the hearing shall be before an arbitrator to be designated by the President or his/her designee with pre-procedural rights of voir dire to confirm the proposed arbitrator is qualified and not biased;

**7.12-3.2** the parties must exchange documents and witness lists at least five (5) working days prior to the hearing, and testimony of witnesses and copies of evidence not timely exchanged may be barred;

**7.12-3.3** the body whose decision prompted the hearing has the initial burden of producing evidence to support its action or recommendation, with the burden then shifting to the affected practitioner to produce evidence and demonstrate that the decision was unreasonable; and

**7.12-3.4** neither party has the right to be represented by an attorney at the fair review.

### ARTICLE VIII ALLIED HEALTH STAFF

## 8.1 DEFINITIONS

“Standardized procedure functions” means those functions specified in Business and Professions Code Section 2725 (c ) and (d) which are to be performed according to “standardized procedures”.

“Standardized procedures” means policies and protocols formulated by the Medical Center for the performance of standardized procedure functions.

“Service authorization” means the permission granted to an Allied Health Staff member to provide specified patient care services within his or her qualifications and scope of practice as determined by the Executive Committee.

“Allied Health Staff” means those Allied Health Professionals who are not eligible for Association membership pursuant to these bylaws but have been granted a service authorization or are authorized under standardized procedures to provide certain clinical services.

## 8.2 QUALIFICATIONS

Although not eligible for Association membership, allied health professionals shall be credentialed through the Association and shall be subject to general Association oversight and to the individual direction of Association members, as set forth below. An Allied Health Professional is eligible for a service authorization in the Medical Center or to work under a standardized procedure if he or she:

**8.2-1** Holds a license, certificate, or other legal credential in a category of AHPs which the Governing Body has identified as eligible to apply for service authorizations (see Section 8.3, below);

**8.2-2** Documents his or her current experience, background, training, current adequate physical and mental health status, current competence, judgment, and ability with sufficient adequacy to demonstrate that any patient treated by him/her will receive care of the generally recognized professional level of quality established by the Association;

**8.2-3** Is determined, on the basis of documented references:

**8.2-3.1** to adhere strictly to the lawful ethics of his or her profession;

**8.2-3.2** to work cooperatively with others in the hospital setting so as not to adversely affect patient care; and

**8.2-3.3** to be willing to commit to and regularly assist the Association in fulfilling its obligations related to patient care, within the areas of his/her professional competence and credentials;

**8.2-4** Agrees to comply with all Association and Department and Division bylaws, rules and regulations, and protocols to the extent applicable to the AHP; and

**8.2-5** Maintains professional liability insurance as indicated in Article XVII, if applicable.

Although not eligible for Association membership, AHPs shall be credentialed by the Association either through the IDPC or an Association department as described in Section 8.4-3 below and shall be subject to general Association oversight and to the individual direction of Association members, as set forth below.

**8.3 CATEGORIES OF AHPs ELIGIBLE TO APPLY FOR SERVICE AUTHORIZATIONS OR TO WORK UNDER STANDARDIZED PROCEDURES OR PROTOCOLS**

The categories of AHPs, based on occupation or profession, which shall be eligible to apply for Allied Health Staff membership and for service authorization or to work under standardized procedures or protocols in the Medical Center and the corresponding service authorization or standardized procedures prerogatives, terms, and conditions for each such AHP category shall be designated by the Governing Body, upon the recommendation of the Executive Committee, and when approved by the Governing Body, shall be set forth in the Association rules and regulations and/or Medical Center policies. Such actions by the Executive Committee and the Governing Body shall be based upon the recommendations of the relevant departments for the designation of categories of AHPs eligible to apply for service authorization or standardized procedures and the delineation of corresponding service authorization or standardized procedures prerogatives, terms, and conditions for each such AHP category. The Governing Body shall review the designation of categories of AHPs eligible to apply for service authorizations at least annually and at other times within its discretion or upon the recommendation of the Executive Committee.

At present, the following categories have been accepted as eligible for Allied Health Staff membership to apply for service authorization:

1. Optometrists
2. Clinical Pharmacists (Pharm D) providing direct patient care

At present, the following categories have been accepted as eligible for Allied Health Staff membership to apply to work under standardized procedures or Medical Center protocols:

1. Nurse Practitioners
2. Certified Registered Nurse Anesthetists
3. Certified Nurse Midwives
4. Physician Assistants

**8.4 PROCEDURE FOR GRANTING SERVICE AUTHORIZATION OR APPROVAL TO WORK UNDER A STANDARDIZED PROCEDURE OR MEDICAL CENTER PROTOCOL**

**8.4-1** An AHP whose scope of practice as determined by the AHP's department or the Executive Committee allows independent practice must apply and qualify for a service authorization or to work under a standardized procedure or Medical Center protocol and must designate a physician member of the Active Staff who, concurrently with the AHP's application, applies for and is granted privileges to be responsible, to the extent

necessary, for the general medical condition of patients for whom the AHP proposes to render services in the Medical Center.

**8.4-2** An AHP whose scope of practice as determined by the AHP's department or the Executive Committee does not allow independent practice must apply and qualify for a service authorization or to work under a standardized procedure or Medical Center protocol and must provide services under the supervision of an Active Staff member who has applied for, qualified for, and been granted specific privileges in accordance with the bylaws, rules and regulations, and Medical Center policies, to supervise and direct the exercise of service authorizations or standardized procedures or Medical Center protocols by the same category of AHP as that of the applicant. An AHP under this subsection 8.4-2 may apply to work under the supervision of one Active Staff member or, within the Executive Committee's discretion, a group of Association members so long as each of the Association members has separately applied for and been granted privileges to supervise the AHP or the category of AHPs to which the applicant belongs. Whenever an AHP will be supervised by more than one Active Staff member, such supervision must be in strict accordance with rules and regulations or policies developed by the appropriate department/division and approved by the Executive Committee.

**8.4-3** AHP applications for initial granting and renewal of service authorizations or standardized procedures or Medical Center protocols for Nurse Practitioners, CRNAs and Physician Assistants shall be submitted to the Interdisciplinary Practice Committee. All such applications shall be processed in a parallel manner to that provided in Articles IV and V for Association members, except that the IDPC shall perform the function which would otherwise be performed by the Credentials Committee, unless otherwise specified in the Association rules and regulations. The credentialing and granting of service authorizations for all other Allied Health Practitioners shall be the responsibility of the department to which the AHP's supervising physician is a member. These applications shall also be processed in a parallel manner to that outlined in Articles IV and V.

**8.4-4** Except as is provided under Section 8.7-3.2, an AHP who

**8.4-4.1** has received a final adverse decision regarding his or her application for a service authorization, standardized procedure or Medical Center protocol, or

**8.4-4.2** withdrew his or her application for a service authorization, standardized procedure or Medical Center protocol following an adverse recommendation by the Executive Committee, or

**8.4-4.3** after having been granted a service authorization or approval to work under a standardized procedure or Medical Center protocol has received a final adverse decision resulting in termination of the authorization or approval, or

**8.4-4.4** has relinquished his or her service authorization, standardized procedure or Medical Center protocol following the issuance of an Association or Governing Body recommendation adverse to his or her service authorization, standardized procedure or Medical Center protocol,

shall not be eligible to reapply for the service authorization, standardized procedure or Medical Center protocol affected by such decision or recommendation for a period of at least 24 months from the date that the adverse decision became final, the application was withdrawn, or the AHP relinquished his or her service authorization, standardized procedure or Medical Center protocol.

**8.4-5** An AHP who does not have licensure or certification in an AHP category identified as eligible for service authorizations pursuant to Section 8.3 may not apply for a service authorization but may submit a written request to the Chief Executive Officer, asking the Governing Body to consider designating the appropriate category of AHPs as eligible to apply for service authorizations. Upon receipt of such a request, the Governing Body shall forward a copy of the request to the Executive Committee for its recommendation, and shall also request the recommendation of any affected department or division. The Governing Body shall consider such request and the Executive Committee's recommendation, as well as the recommendation of any affected department or division, either before or at the time of its annual review of the categories of AHPs, in accordance with Section 8.3.

**8.4-6** Each AHP who is granted a service authorization or approval to work under a standardized procedure or Medical Center protocol shall be assigned to the clinical department and/or division appropriate to his or her occupational or professional training and, unless otherwise specified in the Association rules and regulations, shall be subject to terms and conditions that parallel those specified in Article II, as they may logically apply to AHPs and may be appropriately tailored to the particular category of AHPs. Each AHP who practices independently must maintain communication with the relevant physician under Sections 8.4-1 through 8.4-3 above in order to enable the physician to assume responsibility, to the extent it is indicated, for the general medical condition of the patient. Each AHP who does not practice independently shall be subject to the supervision of one or more members of the Active Staff who have been granted privileges to provide such supervision or direction by the Governing Body upon recommendation of the Executive Committee.

## **8.5 PREROGATIVES**

The prerogatives which may be extended to a member of a particular category of AHP shall be defined in the Association rules and regulations or Medical Center policies. Such prerogatives may include:

1. Provision of specified patient care services subject to an Association member's responsibility, to the extent indicated, for the patient's general medical condition and under the general oversight of the Association, and, where the AHP does not practice independently, also under the supervision and direction of a member of the Active Staff who has been granted specific privileges to supervise that category of AHP. AHP services must be consistent with the service authorization, standardized procedure or Medical Center protocol granted to the AHP and within the scope of the AHP's licensure or certification.
2. Service on Association and Medical Center committees except as otherwise expressly provided in the Association bylaws, rules and regulations or Medical



Center policies. An AHP may serve as co-chair of the IDPC Committee but may not serve as chair of any other Association committees.

3. Attendance at meetings of the department to which he or she is assigned, as permitted by the department rules and regulations or policies, and attendance at Association educational programs in his or her field of practice. An AHP may not vote at department/division meetings.

## **8.6 RESPONSIBILITIES**

Each AHP shall:

1. Meet those responsibilities required by Association rules and regulations or policies or Medical Center policies and, if not so specified, meet those responsibilities specified in Section 2.4 as are generally applicable to the more limited practice of the AHP.
2. Retain appropriate responsibility within his or her area of professional competence for the care of each patient in the Medical Center for whom he or she is providing services.
3. Participate, when requested, in patient care audit and other quality review, evaluation, and monitoring activities required of AHPs, in evaluating AHP applicants, in supervising initial AHP appointees of his or her same occupation or profession or of an occupation or profession which is governed by a more limited scope of practice statute, and in discharging such other functions as may be required by the Association from time to time.

## **8.7 TERMINATION, SUSPENSION OR RESTRICTION OF SERVICE AUTHORIZATIONS OR APPROVAL TO WORK UNDER STANDARDIZED PROCEDURES OR MEDICAL CENTER PROTOCOLS**

### **8.7-1 General Procedures**

**8.7-1.1** At any time, the President, or chair of the department or division to which the AHP has been assigned, may recommend to the Executive Committee that an AHP's service authorization or approval to work under a standardized procedure or Medical Center protocol be terminated, suspended or restricted. After review by the relevant department, including an interview with the AHP, and including, if appropriate, consultation with the IDPC, if the Executive Committee agrees that corrective action is appropriate, the Executive Committee shall recommend specific corrective action to the Governing Body. A Notification Letter regarding the recommendation shall be sent by certified mail, return receipt requested, to the subject AHP. The Notification Letter shall inform the AHP of the recommendation and the circumstances giving rise to the recommendation.

**8.7-1.2** The procedure for requesting, arranging for and conducting a fair review shall be the same as for an Article VII hearing, except that (1) there is no right to discovery; (2) the hearing shall be before an arbitrator to be designated by the President with pre-procedural rights of voir dire to confirm the proposed arbitrator is qualified and not biased; (3) the parties must exchange

documents and witness lists at least five (5) working days prior to the hearing, and testimony of witnesses and copies of evidence not timely exchanged may be barred; (4) the body whose decision prompted the hearing has the initial burden of producing evidence to support its action or recommendation, with the burden then shifting to the affected practitioner to produce evidence and demonstrate that the decision was unreasonable; (5) neither party has the right to be represented by an attorney at the fair review; and (6) neither party has that right to personal attendance, oral argument or representation by an attorney at the Governing Body appeal.

**8.7-1.3** Within fifteen (15) days following the Allied Health Staff hearing, the Executive Committee, based on the Allied Health Staff hearing and all other aspects of the investigation, shall make a final recommendation to the Governing Body, which shall be communicated in writing, sent by certified mail, return receipt requested, to the subject AHP. The final recommendation shall discuss the circumstances giving rise to the recommendation and any pertinent information from the interview. Prior to acting on the matter, the Governing Body may, in its discretion, offer the affected practitioner the right to appeal to a subcommittee delegated by the Governing Body. The Governing Body shall adopt the Executive Committee's recommendation, so long as it is reasonable, appropriate under the circumstances and supported by substantial evidence. The final decision by the Governing Body shall become effective upon the date of its adoption. The AHP shall be provided promptly with notice of the final action, sent by certified mail, return receipt requested.

## **8.7-2 Summary Suspension**

**8.7-2.1** Notwithstanding Section 8.7-1, an AHP's service authorization or approval to work under a standardized procedure or Medical Center protocol may be immediately suspended or restricted where the failure to take such action may result in an imminent danger to the health of any individual. Such summary suspension or restriction may be imposed by the President, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, or the head of the department (or his/her designee) to which the AHP has been assigned. Unless otherwise stated, the summary action shall become effective immediately upon imposition, and the person responsible for taking such action shall promptly give written notice of the action to the Governing Body, the Director, the Executive Committee, the Chief Medical Officer and the Chief Executive Officer. The notice shall also inform the practitioner of his or her right to file a grievance. The practitioner's right to file a grievance and subsequent interview procedures shall be in accordance with Section 8.7-1, except that all reasonable efforts shall be made to ensure that the practitioner is given an interview and that final action is taken within fifteen (15) days or as promptly thereafter as practicable.

**8.7-2.2** Within one (1) working day of the summary action, the affected practitioner shall be provided with written notice of the action. The notice shall include the reasons for the action and that such action was necessary because of a reasonable probability that failure to take the action could result in imminent danger to the health of an individual.

**8.7-2.3** Within five (5) working days following the action, the IDPC shall meet to consider the matter and make a recommendation to the Executive Committee as to whether the summary suspension should be vacated or continued pending the outcome of any interview with the affected practitioner. Within eight (8) days following the imposition of the action, the Executive Committee shall meet and consider the matter in light of any recommendation forwarded from the IDPC. Within two (2) working days following the Executive Committee's meeting, the Executive Committee shall provide written notice to the affected practitioner regarding its determination on whether the summary action should be vacated or continued pending the outcome of any interview proceeding.

**8.7-3 Automatic Suspension, Termination or Restriction**

**8.7-3.1** Notwithstanding Section 8.7-1, an AHP's service authorization or approval to work under a standardized procedure or Medical Center protocol shall automatically terminate in the event that:

**8.7-3.1-a** The AHP's certification, license, or other legal credential expires or is revoked.

**8.7-3.1-b** With respect to an AHP who must practice under physician supervision:

**8.7-3.1-b.1** the Association membership or privileges to supervise the AHP of the supervising physician is terminated, whether such termination is voluntary or involuntary; or

**8.7-3.1-b.2** the supervising physician no longer agrees to act in such capacity for any reason, or the relationship between the AHP and the supervising physician is otherwise terminated, regardless of the reason therefor;

**8.7-3.2** Where the AHP's service authorization or approval to work under a standardized procedure or Medical Center protocol is automatically terminated for reasons specified in C-1b (1) or (2) above, the AHP may apply for reinstatement as soon as the AHP has found another physician Active Staff member who agrees to supervise the AHP and receives privileges to do so. In this case, the Executive Committee may, in its discretion, expedite the reapplication process.

**8.7-3.3** Notwithstanding Section 8.7-1, in the event that the AHP's certification or license is restricted, suspended, or made the subject of an order of probation, the AHP's service authorization or approval to work under a standardized procedure or Medical Center protocol shall automatically be subject to the same restrictions, suspension, or conditions of probation.

**8.7-3.4** Where the AHP's privileges are automatically terminated, suspended, or restricted pursuant to this subsection 8.7-3, the notice and interview procedures under Section 8.7-1 shall not apply and the AHP shall have no right to an

interview except, within the discretion of the Executive Committee, regarding any factual dispute over whether or not the circumstances giving rise to the automatic termination, suspension, or restriction actually exist.

#### **8.7-4** Applicability of Section 8.7

The rights afforded by this Section 8.7 shall not apply to any decision regarding whether a category of AHP shall be eligible for a service authorization, standardized procedure or Medical Center protocol and the terms or conditions of such decision pursuant to Section 8.3.

#### **8.8** REAPPLICATION

Every 2 years, each AHP on the Allied Health Staff must reapply for a renewed service authorization or approval to work under a standardized procedure or Medical Center protocol in accordance with Section 8.4.

### ARTICLE IX

#### OFFICERS

#### **9.1** OFFICERS OF THE ASSOCIATION

The officers of the Association shall be:

**9.1-1** President

**9.1-2** Vice-President

**9.1-3** Immediate Past-President

**9.1-4** Secretary-Treasurer

#### **9.2** QUALIFICATIONS

Officers must be members of the Active Staff at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. The President and Vice-President must be licensed as physicians and surgeons. In addition to exercising their responsibilities, officers shall verbally disclose all actual or potential conflicts of interest pursuant to Section 15.7 in the course of each Association meeting or other event where such a disclosure may be relevant. Any potential conflicts so disclosed shall be resolved as set forth in Section 15.7.

#### **9.3** NOMINATIONS

**9.3-1** A nominating committee shall consist of at least six (6) members, two (2) from the Executive Committee, including the Immediate Past-President who shall serve as Chair, and four (4) from the Active Staff, appointed by the President subject to the approval of the Executive Committee at least two (2) months prior to the date of the annual meeting. The nominating committee shall formally request names of potential candidates from members of the Association at least sixty-five (65) days prior to the annual meeting. Such a request shall be made to each Association member either

by mail or electronically through the Association's Internet-based bulletin board and electronically to those Association members that have provided their e-mail address. The nominating committee shall offer one or more nominees for the offices of President, Vice-President and Secretary-Treasurer. The nominations of the committee shall be reported to the Executive Committee at least fifteen (15) days prior to the annual meeting and shall be sent to each Association member either by mail or electronically through the Association's Internet-based bulletin board and electronically to those Association members who have provided their e-mail address at least ten (10) days prior to the annual meeting. The Medical Center Administration and the Governing Body shall have no right to approve the slate of candidates or otherwise participate in the activities of the nominating committee.

**9.3-2** Nominations for the offices of President, Vice-President and Secretary-Treasurer may also be made by petition signed by at least ten (10) members of the Active Staff accompanied by the written consent of the nominee(s) and filed with the Secretary-Treasurer at least ten (10) days prior to the annual meeting. In this event, the Secretary-Treasurer shall promptly advise the membership of the additional nomination(s) by mail or electronically to those Association members who have provided their e-mail address.

#### **9.4** ELECTION OF OFFICERS

**9.4-1** The President, Vice-President and Secretary-Treasurer shall be elected for a one (1) year term at the annual Association meeting. In accordance with Section 15.7, all nominees for election shall disclose in writing to the Association those current or impending personal, professional, or financial affiliations or relationships of which they are reasonably aware, including contractual, employment or other relationships with the hospital, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Association. Such disclosure statement shall accompany the ballot.

**9.4-2** The voting for the offices of President, Vice-President and Secretary-Treasurer shall be by secret written ballot, and authenticated sealed mail ballots may be counted. Only Association members accorded the right to vote as described in Article III shall be eligible to vote.

Election of the offices of President, Vice-President and Secretary-Treasurer shall be by simple majority of the votes cast. In the event that there are three (3) or more candidates for office and no candidate receives a simple majority, there shall be successive balloting such that the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one candidate. During such successive balloting, only votes cast at the annual Association meeting will be counted. If two (2) or more candidates have the same number of least votes, each shall be omitted from the successive slate except that in the event that only one candidate would remain, a separate ballot shall be held among those candidates receiving least votes to determine which one shall be omitted. At such separate ballot, the presiding officer of the meeting shall vote only if there is a remaining tie among the candidates receiving the least votes.

#### **9.5** TERM OF OFFICE

Each elected officer shall serve a one (1) year term or until a successor is elected. The President may be reelected twice, for a maximum of three (3) consecutive years. The office of Immediate Past-President shall be assumed by the out-going President. Officers shall take office on the first day of the Association Year following his/her election.

## **9.6 VACANCIES IN OFFICE**

Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of membership in the Association. Vacancy during the term of the Vice President or Secretary-Treasurer shall be filled by the Executive Committee. If there is a vacancy in the office of the President, the Vice-President shall serve out the remaining term of the President, and the Executive Committee shall appoint an interim officer to fill this office until the next annual Association meeting.

## **9.7 REMOVAL OF OFFICERS**

Any Association officer may be removed from office for valid cause including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude. Except as otherwise provided, removal of an officer may be initiated by the Executive Committee or shall be initiated by a petition signed by at least one-third of the Association members entitled to vote for officers. Removal shall be considered at an annual or special meeting of the Association, noticed to include the specific purpose of removing an officer, at which a quorum is achieved as described in Section 12.5-2. Removal of an officer shall require a two-thirds vote of the Association members present at the meeting who are entitled to vote for officers.

## **9.8 DUTIES OF OFFICERS**

### **9.8-1 President: the President shall:**

**9.8-1.1** Be the chief officer of the Association;

**9.8-1.2** Act in coordination and cooperation with the Governing Body, the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, and the Deans of the Professional Schools, or their duly authorized designees, in all matters of mutual concern within the Medical Center;

**9.8-1.3** Call, preside at and be responsible for the agenda of all meetings of the Association;

**9.8-1.4** Serve as chair of the Executive Committee and calling, presiding at and being responsible for the agenda of all meetings thereof;

**9.8-1.5** Serve as *ex-officio* member of all other Association committees;

**9.8-1.6** Be responsible for the enforcement of the Association bylaws, rules and regulations, and policies, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;



- 3725
- 3726 **9.8-1.7** Appoint, in consultation with the Executive Committee and, when
- 3727 necessary, the Chief Medical Officer, the Chief Executive Officer, and the
- 3728 Dean of the appropriate Professional School, committee members and the
- 3729 officers thereof to all standing Association committees as listed in Article XI
- 3730 except as otherwise provided in Article XI;
- 3731
- 3732 **9.8-1.8** Receive and interpret the policies of the Governing Body for the
- 3733 Association and report to the Governing Body on the performance and
- 3734 maintenance of quality with respect to the health care provided in the Medical
- 3735 Center;
- 3736
- 3737 **9.8-1.9** Represent the views, policies, needs and grievances of the Association to
- 3738 the Chief Medical Officer, the Chief Executive Officer, the Governing Body,
- 3739 the Director, and the Chief Medical Officer of Health Services or their duly
- 3740 authorized designees;
- 3741
- 3742 **9.8-1.10** Refer appropriate items to the committees of the Association for
- 3743 recommendations;
- 3744
- 3745 **9.8-1.11** Serve on any liaison committees with the Governing Body and Medical
- 3746 Center Administration as well as with outside licensing or accreditation
- 3747 organizations;
- 3748
- 3749 **9.8-1.12** In the interim between Executive Committee meetings, represent and
- 3750 act on behalf of the Association in the intervals between Association
- 3751 meetings, subject to such limitations as may be imposed by these bylaws;
- 3752
- 3753 **9.8-1.13** Be spokesperson for the Association in external professional and public
- 3754 relations; and
- 3755
- 3756 **9.8-1.14** Perform such other functions as may be assigned to him/her by these
- 3757 bylaws, by the membership, and by the Executive Committee.
- 3758
- 3759 **9.8-2** Vice-President: In the absence of the President, he/she shall assume all the
- 3760 duties and have the authority of the President. He/she shall be the vice-chair of the
- 3761 Executive Committee and a member of the Joint Conference Committee and shall
- 3762 perform such other functions as may be assigned to him/her by these bylaws, by the
- 3763 membership, and by the Executive Committee.
- 3764
- 3765 **9.8-3** Immediate Past-President: His/her duties shall be to advise the President in all
- 3766 matters concerning the Association. He/she shall be a member of the Executive
- 3767 Committee and the Joint Conference Committee and shall perform such other
- 3768 functions as may be assigned to him/her by these bylaws, by the membership, and
- 3769 by the Executive Committee.
- 3770
- 3771 **9.8-4** Secretary-Treasurer: The Secretary-Treasurer shall:
- 3772
- 3773 **9.8-4.1** Maintain a roster of members;
- 3774
- 3775 **9.8-4.2** Keep accurate and complete minutes of all Association meetings and

3776 carry out other secretarial functions;

3777  
3778 **9.8-4.3** Serve as secretary of the Executive Committee;

3779  
3780 **9.8-4.4** Perform such other functions as may be assigned to him/her by these  
3781 bylaws, by the membership or by the Executive Committee; and

3782  
3783 **9.8-4.5** Serve as treasurer by receiving and safeguarding all funds of the  
3784 Association; keeping accurate and complete financial records of all  
3785 Association activities; providing regular reports to the Association concerning  
3786 the financial status of the Association; preparing an annual proposed budget  
3787 of anticipated income and expenditures for approval by the Association;  
3788 preparing on a quarterly basis a financial statement and recommending,  
3789 where needed, the creation of a finance subcommittee to assist in these  
3790 duties.

3791  
3792 **9.9** COMPENSATION OF OFFICERS

3793  
3794 The Association may elect to compensate officers for their work spent representing and  
3795 leading the Association. Such compensation, if any, shall come from Association funds,  
3796 for which the Association has sole responsibility. The payment to individual officers, if  
3797 any, should be in an amount determined by the Executive Committee. If the Medical  
3798 Center provides any funds specifically earmarked for such compensation, those funds  
3799 should be requested and accounted for in the Association budget.

3800  
3801  
3802 ARTICLE X

3803  
3804 ORGANIZATION

3805  
3806 **10.1** ORGANIZATION OF THE ASSOCIATION

3807  
3808 **10.1-1** The Association shall be organized into departments which are reflective of the  
3809 scope of services provided within the Medical Center. Each department shall have a  
3810 chair, selected and entrusted with the authority, duties and responsibilities specified  
3811 in Section 10.4, who shall be responsible for the overall supervision of the clinical,  
3812 educational and research activities within his/her department. The departments may  
3813 be organized into one or more divisions. The specified divisions of a department  
3814 shall be recommended by the department chair to the Executive Committee for  
3815 action. Each division shall be organized as a specialty within a department, shall be  
3816 directly responsible to the department within which it functions, and shall have a  
3817 division chief who is selected and has the authority, duties and responsibilities as  
3818 specified in this Article X.

3819  
3820 **10.1-2** The current departments are as follows:

- 3821  
3822 1. Medicine  
3823 2. Surgery  
3824 3. Radiology  
3825 4. Pathology and Laboratory Medicine  
3826 5. Pediatrics

- 6. Psychiatry
- 7. Obstetrics & Gynecology
- 8. Emergency Medicine
- 9. Family Medicine
- 10. Anesthesiology
- 11. Neurology
- 12. Orthopedic Surgery

**10.1-3** Notwithstanding the procedures set forth in Article XIX, the organization of the Association, as set forth in this Section 10.1, may be changed from time to time, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Association, by the Executive Committee with the advice of Medical Center Administration without the necessity of an amendment to these bylaws.

An Association department can be formed or eliminated only following a determination by the Association of appropriateness of department elimination or formation. The Governing Body shall uphold the Association's determination unless the Governing Body makes specific written findings that the Association's determination is arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with the law.

**10.1-3.1** The Association shall determine the formation or elimination of a department to be appropriate based upon consideration of its effects on quality of care in the facility and/or community. A determination of the appropriateness of formation or elimination of a department must be based upon the preponderance of the evidence, viewing the record as a whole, presented by any and all interested parties, following notice and opportunity for comment.

**10.1-3.2** The Association member(s) whose privileges may be adversely affected by an Association's determination of appropriateness of department formation or elimination may request a hearing before the Judicial Review Committee. Such a hearing will be governed by the provisions of Article VII, except that

**10.1-3.2-a** the hearing shall be limited to the following issues:

**10.1-3.2-a.1** whether the Association's determination of appropriateness is supported by the preponderance of the evidence; and

**10.1-3.2-a.2** whether the Association followed its requirements for notice and comment on the issue of appropriateness.

**10.1-3.2-b** all requests for such a hearing will be consolidated.

Should an affected Association member request a hearing under this subsection 10.1-3.2, the Association's recommendation regarding the

department elimination or formation will be deferred, pending the outcome of the Judicial Review Committee hearing.

**10.1-3.3** Except as specified in this Section 10.1-3, the termination of privileges pursuant to formation or elimination of a department determined to be appropriate by the Association shall not be subject to the procedural rights otherwise set forth in Article VII.

## **10.2** ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

Each practitioner shall be assigned membership in only one department and one division, if appropriate, but may be granted clinical privileges in one or more other departments or divisions. The exercise of privileges within each department shall be subject to the department's rules and regulations and/or departmental policies and to the authority of the department chair and division chief.

## **10.3** APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS, VICE CHAIRS AND DIVISION CHIEFS

**10.3-1** Department chairs, vice chairs and division chiefs shall be Active Staff members (or members of the Provisional Staff who meet the qualifications of the Active Staff) and who are qualified by training, experience and demonstrated abilities to be the chair of the particular department or chief of the particular division and shall be willing and able to discharge the functions of chair of the particular department or chief of the particular division, including acting as presiding officer at department or division meetings. They shall be board certified in a specialty or subspecialty of the particular department or the particular division or be able to establish, through the privilege delineation process, that they possess comparable competence.

**10.3-2** Department chairs shall be appointed by the Chief Medical Officer, with concurrence of the Dean of the applicable professional school or his/her designee. with concurrent approval by the Executive Committee. Vice chairs and division chiefs shall be appointed by their department chairs.

Each department chair and division chief shall serve until his/her successor is appointed, unless he/she shall sooner resign or be removed. Removal of a department chair, vice chair or division chief shall be effected by the written approval of such action by those authorized to make and concur in the initial appointment. It shall be the obligation of the President and the Executive Committee, following at least a two-thirds vote of the Executive Committee, to recommend removal of a department chair or division chief, if such action is considered appropriate for any failure of a department chair or division chief to satisfactorily perform his or her functions or for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude, to those authorized to make and concur in the initial appointment. .

**10.3-3** In addition to exercising their responsibilities, all department chairs, vice chairs and division chiefs shall verbally disclose all actual or potential conflicts of interest pursuant to Section 15.7 in the course of each department meeting or other event where such a disclosure may be relevant. Any potential conflicts so disclosed shall be resolved as set forth in Section 15.7-1.

3928  
3929 **10.4 RESPONSIBILITIES\_OF DEPARTMENT CHAIRS**  
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3931 **10.4.-1** Department chairs shall be responsible for all clinically and academically related  
3932 activities of their departments. More specifically, each department chair shall have  
3933 the following authority, duties and responsibilities, and the vice-chair, in the absence  
3934 of the chair, shall assume all of them and shall otherwise perform such duties as may  
3935 be assigned:

3936  
3937 **10.4-1.1** Being accountable for and reporting to the Executive Committee and  
3938 President regarding the professional and administrative activities within the  
3939 department;

3940  
3941 **10.4-1.2** Acting as presiding officer at department meetings;

3942  
3943 **10.4-1.3** Integration of the department into the primary functions of the  
3944 organization;

3945  
3946 **10.4-1.4** Coordination and integration of interdepartmental and intradepartmental  
3947 services;

3948  
3949 **10.4-1.5** Development and implementation of departmental policies and  
3950 procedures that guide and support the provision of services and that are  
3951 consistent with the goals and scope of patient care services of the  
3952 department;

3953  
3954 **10.4-1.6** Recommendations for a sufficient number of qualified and competent  
3955 persons to provide care/services;

3956  
3957 **10.4-1.7** Continuing surveillance of the professional performance of all persons  
3958 who have delineated clinical privileges in the department through a planned  
3959 and systematic process;

3960  
3961 **10.4-1.8** Overseeing and maintaining the effective conduct of the patient care,  
3962 evaluation, and monitoring functions delegated to the department by the  
3963 Executive Committee in coordination and integration with organization-wide  
3964 quality assessment and improvement activities;

3965  
3966 **10.4-1.9** Continuous assessment and improvement of the quality of care,  
3967 treatment and services;

3968  
3969 **10.4-1.10** Making recommendations to the Executive Committee concerning  
3970 practitioner membership and classification, the criteria for clinical privileges  
3971 relevant to the services provided in the department and monitoring of  
3972 specified services;

3973  
3974 **10.4-1.11** Recommending delineated clinical privileges for each member of the  
3975 department;  
3976

- 3977 **10.4-1.12** Determining the qualifications and competence of department  
3978 personnel who are not licensed independent practitioners and who provide  
3979 patient care services;  
3980
- 3981 **10.4-1.13** Enforcing bylaws, rules and policies within the department;  
3982
- 3983 **10.4-1.14** Maintenance of quality control programs, as appropriate;  
3984
- 3985 **10.4-1.15** Orientation and continuing education of all practitioners in the  
3986 department;  
3987
- 3988 **10.4-1.16** Making recommendations for space and other resources needed by  
3989 the department;  
3990
- 3991 **10.4-1.17** Making assessments and recommendations to the Medical Center  
3992 Administration regarding off-site sources needed for patient care services not  
3993 provided by the department or Medical Center;  
3994
- 3995 **10.4-1.18** Providing written delineation of the qualifications, authority, and  
3996 administrative and clinical responsibilities of directors of non-medical support  
3997 staff services in the department;  
3998
- 3999 **10.4-1.19** Making recommendations for appointment of qualified non-medical  
4000 support staff with appropriate clinical training to be responsible for their  
4001 particular patient care services;  
4002
- 4003 **10.4-1.20** Providing written goals and scope of patient care services provided in  
4004 the department;  
4005
- 4006 **10.4-1.21** Implementing within the department appropriate actions taken by the  
4007 Executive Committee; and  
4008
- 4009 **10.4-1.22** Appointing at least one (1) representative and alternate from his/her  
4010 department to attend the annual and any special meetings of the Association  
4011 and provide for their reporting to the department after such meetings. The  
4012 function of representatives is set forth in Section 12.9-1.  
4013
- 4014 **10.4-2** Each department chair shall be a member of the Executive Committee.  
4015
- 4016 **10.4-3** Each department chair shall report to the PSA President and the Executive  
4017 Committee for matters pertaining to the Association and to the Chief Medical Officer  
4018 for matters pertaining to administrative duties. Each division chief shall report to  
4019 his/her department chair and, indirectly, to the Executive Committee and the  
4020 President for matters pertaining to the Association and to the Chief Medical Officer  
4021 for matters pertaining to administrative duties.  
4022
- 4023 **10.4-4** Each division chief shall be responsible for all professional, administrative and  
4024 educational activities delegated to him/her within his/her division by the chair of  
4025 his/her department including carrying out the quality review and evaluation and  
4026 monitoring activities assigned to the division.  
4027



4028 **10.5 FUNCTIONS OF DEPARTMENTS**

4029  
4030 **10.5-1** Each department shall be accountable to the Executive Committee for all  
4031 professional and Association administrative activities within the department.

4032  
4033 **10.5-2** Each department shall establish its own criteria, consistent with the policies of the  
4034 Medical Center and the Association, for the granting of clinical privileges and  
4035 performance of specified health services in the department, and such criteria must  
4036 be reviewed by the Credentials Committee and approved by the Executive  
4037 Committee.

4038  
4039 **10.5-3** Each department shall establish a quality improvement committee or committees,  
4040 if separate committees are necessary for divisions of departments, which shall be  
4041 responsible for conducting patient care reviews for the purpose of analyzing and  
4042 evaluating the quality and appropriateness of care and treatment provided to patients  
4043 within the department. The department shall routinely collect information about  
4044 important aspects of patient care provided in the department, periodically assess this  
4045 information, and develop objective criteria for use in evaluating patient care. These  
4046 criteria should include a consideration of deaths, complications, errors in diagnosis  
4047 and treatment, and such other circumstances as are believed to be important.

4048  
4049 **10.5-4** Each departmental quality improvement committee shall meet at least quarterly  
4050 and submit a report at least quarterly to the department chair and the Association's  
4051 Peer Review Oversight Committee detailing departmental analysis of patient care.

4052  
4053 **10.5-5** Each department shall propose, through its chair, subject to approval by the  
4054 Executive Committee and the Governing Body, rules and regulations and/or policies  
4055 for the department that will apply in practice the general principles set forth in these  
4056 bylaws.

4057  
4058 **10.5-6** Each department shall coordinate the patient care provided by the department's  
4059 members with the nursing and ancillary patient care services.

4060  
4061 **10.5-7** Each department shall conduct or participate in, and make recommendations  
4062 regarding the need for, continuing education programs pertinent to findings of review,  
4063 evaluation and monitoring activities.

4064  
4065 **10.5-8** Each department shall conduct, participate in and make recommendations  
4066 regarding graduate medical education and shall establish policies and procedures for  
4067 supervision of its residents and fellows that take into account the need for physicians  
4068 in training to participate in providing safe, effective and compassionate care for the  
4069 patients under supervision of members of the Association who have applied for and  
4070 been granted clinical privileges. As they demonstrate progress in attaining the goals  
4071 and objectives of the residency training program, residents and fellows will be  
4072 granted increasing responsibility under lesser degrees of supervision by the  
4073 Association that is consistent with the attained knowledge and documented  
4074 competence of each resident or fellow. The department's policies and procedures  
4075 for supervision of the residents and fellows, including, without limitation, granting  
4076 residents and fellows graduated responsibility for the evaluation and management of  
4077 patients, shall be submitted for review and approval by the Graduate Medical  
4078 Education Committee and the Executive Committee and shall be distributed to all

residents and fellows and members of the Association in the department. The policies and procedures for supervision of residents and fellows shall be reviewed and modified as necessary at the time that the department's faculty periodically assesses the educational effectiveness of the department's physician training programs at intervals established by the Accreditation Council for Graduate Medical Education or other applicable accrediting organization but, in any event, no less than annually. Changes in the policies and procedures for supervision of residents and fellows that are approved by the Executive Committee shall be disseminated to the department's members, residents and fellows.

## **10.6 FUNCTIONS OF DIVISIONS**

Each division shall perform the functions assigned to it by the department chair. Such functions may include, without limitation, retrospective patient care reviews, evaluation of patient care practices, credentials review and privileges delineation, and continuing education programs. The division shall transmit regular reports to the department chair on the conduct of its assigned functions.

## **ARTICLE XI**

### **COMMITTEES**

## **11.1 GENERAL PROVISIONS**

### **11.1-1 Designation:**

Association committees shall include, but not be limited to, the Association meeting as a committee of the whole, meetings of departments and divisions, meetings of committees established under this Article, and meetings of special or ad hoc committees created by the Executive Committee (pursuant to Section 11.1-7) or by departments (pursuant to Section 10.5-3). There shall be an Executive Committee and such other standing and special committees as from time to time may be necessary and desirable to perform the Association functions described in these bylaws. The Executive Committee may by resolution establish a committee to perform one or more of the required Association functions. The Association's committee activities are directed toward quality assessment and improvement and patient safety and function as part of the Medical Center's Patient Safety Evaluation System and are, therefore, afforded the legal protections provided by the Patient Safety and Quality Improvement Act of 2005. The committees described in this Article XI shall be the standing committees of the Association.

### **11.1-2 Members and Reporting:**

Unless otherwise specified, the members of such committees and the chair, vice-chair, and any other officers thereof shall be appointed by the President in consultation with the Executive Committee. The majority of the members of all committees shall be physician members of the Association, unless otherwise specifically provided in these bylaws. Unless otherwise specified, such committees shall be responsible to and report on a regular basis to the Executive Committee,

and all actions of the committees shall be subject to approval by the Executive Committee.

### **11.1-3 Terms of Committee Members**

Unless otherwise specified, each committee chair and member shall be appointed for a term of one (1) year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he/she sooner resigns or is removed.

### **11.1-4 Removal**

Any committee member, including the chair but not including a committee member serving *ex-officio* as defined in these Bylaws, may be removed by a majority vote of the Executive Committee.

### **11.1-5 Vacancy**

Unless otherwise specified, any vacancy on any committee shall be filled in the same manner in which an original appointment to such committee is made.

### **11.1-6 Disclosure of Conflict of Interest**

In addition to exercising their responsibilities, committee members shall verbally disclose all actual or potential conflicts of interest in the course of each Association meeting or other event where such a disclosure may be relevant. Any potential conflicts so disclosed shall be resolved as set forth in Section 15.7-1.

### **11.1-7 Addition or Deletion of Committees**

The Executive Committee may recommend the addition, deletion or modification of any standing committee of the Association as may be described in these bylaws or has otherwise been appointed with the exception of the Executive Committee. Whenever these bylaws require that a function be performed by, or that a report or recommendation be submitted to, a named committee but no such committee exists, the Executive Committee shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Association or to the Association as a whole.

### **11.1-8 Voting Privileges**

Only committee members who are members in good standing of the Active Staff, the Provisional Staff accorded the right to vote as specified in Section 3.5-2, and the Associate Staff shall be voting members of the committees unless otherwise specified in these Bylaws.

## **11.2 EXECUTIVE COMMITTEE**

### **11.2-1 Composition:**

The Executive Committee shall consist of the following members:

- 4180 **11.2-1.1** The officers of the Association as described in Section 9-1;  
 4181  
 4182 **11.2-1.2** Ex-officio members without vote – the Chief Medical Officer, the Chief  
 4183 Executive Officer; the Medical Director of Quality Improvement, the Medical  
 4184 Center's Chief Nursing Officer, and any and all Associate Medical Directors of  
 4185 the Medical Center;  
 4186  
 4187 **11.2-1.3** The chair of each department defined in Section 10.1. Whenever a new  
 4188 department is created, its chair shall become a member of the Executive  
 4189 Committee;  
 4190  
 4191 **11.2-1.4** The physician chair of the Medicolegal Committee;  
 4192  
 4193 **11.2-1.5** Three (3) Association Members at Large from three (3) different  
 4194 departments. These members shall be elected at the time of the annual  
 4195 meeting pursuant to Section 11.2-3 and shall serve for one (1) Association  
 4196 year or until a successor is elected; and  
 4197  
 4198 **11.2-1.6** A physician member of the Active or Associate Staff whose primary  
 4199 clinical activity is at a community-based County facility.  
 4200  
 4201 **11.2-2** The President, Vice-President, and Secretary-Treasurer, if any, shall serve as  
 4202 chair, vice-chair, and secretary, respectively, of the Committee.  
 4203  
 4204 **11.2-3** The Association Members at Large shall be elected for a one (1) year term as  
 4205 follows:  
 4206  
 4207 **11.2-3.1** The nominating committee as described in Section 9.3-1 shall offer  
 4208 three (3) or more nominees for Association Members at Large at the same  
 4209 time it offers nominees for other elected offices. Only Association members  
 4210 accorded the right to vote as described in Article III shall be eligible to serve  
 4211 as Association Members at large.  
 4212  
 4213 **11.2-3.2** Nominations for Association Members at Large may also be made by  
 4214 petition signed by at least ten (10) members of the Active or Associate Staff  
 4215 accompanied by the written consent of the nominee(s) and filed with the  
 4216 Secretary at least ten (10) days prior to the annual meeting. In this event, the  
 4217 Secretary shall promptly advise the membership of the additional  
 4218 nomination(s) by mail.  
 4219  
 4220 **11.2-3.3** The voting for the Association Members at large shall be at the annual  
 4221 Association meeting by written ballot. Election of the three (3) positions shall  
 4222 be by plurality of the votes cast with the three (3) candidates receiving the  
 4223 most votes being elected.  
 4224  
 4225 Vacancies in the positions of Association Member at Large shall be filled by  
 4226 the Executive Committee. Removal of an Association Member at Large may  
 4227 be effected by the Executive Committee acting upon its own initiative or by a  
 4228 two-thirds vote of the members eligible to vote for officers. Such removal  
 4229 shall be based only upon failure to participate appropriately in Committee  
 4230 functions.

**11.2-4 Duties:**

The Executive Committee shall be accountable to the Association. The Association delegates to the Executive Committee broad authority to oversee the operations of the Association. With the assistance of the President, and without limiting this broad delegation of authority, the Executive Committee shall perform in good faith the duties listed below:

**11.2-4.1** To seek out the views of the Association on all appropriate issues;

**11.2-4.2** To convey accurately to the Governing Body the views of the Association on all issues, including those relating to safety and quality;

**11.2-4.3** To oversee the Medical Center-wide Quality of Care Program, including approval of the Medical Center Quality of Care Plan, and identify opportunities to improve patient care and the organization's performance;

**11.2-4.4** To represent and to act on behalf of the Association in the intervals between Association meetings, subject to such limitations as may be imposed by these bylaws;

**11.2-4.5** To coordinate and implement the professional and organizational activities and policies of the Association;

**11.2-4.6** To coordinate the activities and general policies of the various departments;

**11.2-4.7** To designate such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Association;

**11.2-4.8** To receive and act upon reports and recommendations from Association committees, departments, and divisions, and from special staff reports;

**11.2-4.9** To formulate and approve policies of the Association not otherwise the responsibility of the departments;

**11.2-4.10** To act for the Association as a liaison in the development of all Medical Center policies;

**11.2-4.11** To provide the formal liaison for the Association with the Medical Center Administration, the Director, and the Governing Body, including, without limitation, for the purpose of meeting and conferring in good faith to resolve any dispute between the Association and the Medical Center Administration, the Director or the Governing Body;

**11.2-4.12** To recommend action to the Chief Medical Officer, Chief Executive Officer, Director and Governing Body on matters of medico-administrative nature;

- 4281 **11.2-4.13** To make recommendations on Medical Center management matters to  
 4282 the Chief Executive Officer;  
 4283
- 4284 **11.2-4.14** To develop and adopt appropriate policies to enable privileges holders  
 4285 to maintain the level of practice required under, and to more specifically  
 4286 implement, these Bylaws;  
 4287
- 4288 **11.2-4.15** To establish appropriate criteria for cross-specialty privileges in  
 4289 accordance with Section 5.1-7;  
 4290
- 4291 **11.2-4.16** To make recommendations directly to the Governing Body about the  
 4292 Association's structure, the process used to review credentials and delineate  
 4293 privileges, and the ability to recruit and retain qualified members;  
 4294
- 4295 **11.2-4.17** To evaluate the medical care rendered to patients in the Medical  
 4296 Center;  
 4297
- 4298 **11.2-4.18** To fulfill the Association's accountability to the Governing Body for the  
 4299 health care rendered to patients in the Medical Center and to make  
 4300 recommendations to the Governing Body regarding the need for sufficient  
 4301 resources for the Association to render quality health care;  
 4302
- 4303 **11.2-4.19** To ensure that the Association is kept abreast of the licensing and  
 4304 accreditation program and to assist in obtaining and maintaining the licensing  
 4305 and accreditation status for the Medical Center;  
 4306
- 4307 **11.2-4.20** To develop and maintain methods for the protection and care of  
 4308 patients and others in the event of internal or external disaster;  
 4309
- 4310 **11.2-4.21** To review and approve the designation of the Medical Center's  
 4311 authorized representative for National Practitioner Data Bank purposes;  
 4312
- 4313 **11.2-4.22** To review the credentials, performance, professional competence,  
 4314 character and other qualifications of all applicants and make  
 4315 recommendations to the Governing Body for Association membership  
 4316 appointments and reappointments, assignments to departments, delineation  
 4317 of clinical privileges, and corrective actions;  
 4318
- 4319 **11.2-4.23** To take all reasonable steps to ensure professionally ethical conduct  
 4320 and competent clinical performance on the part of all members of the  
 4321 Association, including the initiation and recommendation of and/or  
 4322 participation in Association corrective or review measures when warranted;  
 4323
- 4324 **11.2-4.24** To report at the annual meeting of the Association;  
 4325
- 4326 **11.2-4.25** To take reasonable steps to develop continuing educational activities  
 4327 and programs for the Association;  
 4328
- 4329 **11.2-4.26** To determine the amount, if any, of the annual dues/assessments for  
 4330 each category of Association membership; to collect all dues/assessments; to  
 4331 deposit all funds collected as dues/assessments in an account in a bank



located in California; and to expend dues/assessments funds out of such account for Association purposes only, in accordance with Section 15.4;

**11.2-4.27** To retain independent legal counsel to represent the Association in a legal action or otherwise and to make payment of all related attorney fees, costs and expenses, using Association dues/assessments funds only, in accordance with Section 15.5;

**11.2-4.28** To review the job description (e.g., qualifications, responsibilities and reporting relationships) of the Chief Medical Officer for the Medical Center both to assure their adequacy for Association purposes and to avoid a conflict of duties between the Chief Medical Officer and any Association leader.

**11.2-4.29** To participate in the process of recruiting a Chief Medical Officer of the Medical Center including having membership on the Search Committee, and to approve or veto the selection of any such candidates, with any veto being binding upon the Medical Center;

**11.2-4.30** To review the performance of the Chief Medical Officer periodically and transmit the results of that review to the Governing Body for consideration; and

**11.2-4.31** To fulfill such other duties as the Association has delegated to the Executive Committee in these bylaws.

#### **11.2-5** Removal and/or Reassignment of Duties Delegated to the Executive Committee

Removal and/or reassignment of a duty or duties delegated to the Executive Committee by the Association may only be done by amending these bylaws following the procedures described in Article XIX.

#### **11.2-6** Meetings:

The Executive Committee shall meet as often as necessary but shall hold at least ten (10) monthly meetings per year, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly summary report of the general findings and recommendations to the Governing Body as part of the governing body report of the Joint Conference Committee except that routine reports to the Governing Body shall not include peer evaluations related to individual members.

A special meeting of the Executive Committee shall be held to resolve conflicts between the Executive Committee and the Association if requested in writing by a petition signed by at least fifteen (15) Active Staff members addressed to the President and stating the purpose for such meeting. The members signing the petition shall be invited to the meeting. The parties shall meet and confer in good faith to resolve the conflict including 1) identifying the conflict; 2) gathering information regarding the conflict; 3) working with the parties to manage and, when possible, resolve the conflict; and 4) protecting the quality and safety of care. In the event the conflict cannot be resolved, either party may follow the process described in Section 12.2-1 to call a special meeting of the Association to discuss the issue.

**11.2-7 Professional Staff Association Review Subcommittee of the Executive Committee  
(PSA Review Committee)**

**11.2-7.1 Composition**

The PSA Review Committee shall consist of the officers of the Association, the Chief Medical Officer, the Associate Medical Director for Ambulatory Care, the Associate Medical Director for Inpatient Care, the Associate Medical Director of for Medical Education, the physician Quality Improvement Director/Chief Quality Officer, and the Patient Safety Officer.

**11.2-7.2 Duties:**

**11.2-7.2-a** To review and evaluate findings and recommendations by the Association committees and departments, and to make recommendations to the Executive Committee related to improving the delivery of patient care;

**11.2-7.2-b** To review the Medical Center's Quality of Care Plan biannually recommending any changes to the Executive Committee;

**11.2-7.2-c** To review reports from the Peer Review Oversight Committee (PROC), the Clinical Data Monitoring Panel, the Medicolegal Committee, the Patient Safety Council and other specified Association committees;

**11.2-7.2-d** To review, evaluate and make recommendations to the Executive Committee on policies requiring Executive Committee approval;

**11.2-7.2-e** To receive and evaluate concerns related to the ability of the Association to be self-governing and report back to the Association;

**11.2-7.2-f** To identify issues requiring clinical operations improvement and charter ad-hoc groups when indicated;

**11.2-7.2-g** To recommend operational improvement issues, with supporting documentation, to the Executive Leadership Council for its consideration.

**11.2-7.2-h** To recommend the appointment of *ad hoc* committees of the PSA Review Committee when indicated; and

**11.1-7.2-i** To submit monthly reports to the Executive Committee of findings and recommendations requiring action by the Executive Committee.

**11.2-7.3 Meetings:**

The PSA Review Committee shall hold at least ten (10) monthly meetings per year, shall maintain a permanent record of its proceedings and actions, and shall submit a report of each meeting (meeting minutes will suffice for this purpose) to the Executive Committee on its activities.

### **11.3 CREDENTIALS COMMITTEE**

**11.3-1 Composition:** The Credentials Committee shall consist of not less than seven (7) members of the Active Staff selected on a basis that will ensure, insofar as feasible, representation of major clinical specialties. Membership of this Committee is restricted to Association members.

#### **11.3-2 Duties:**

**11.3-2.1** To review the qualifications and credentials of all applicants for Association membership and/or modification of clinical privileges and to make recommendations for membership appointment and reappointment, assignment to departments, and delineation of clinical privileges in accordance with these bylaws;

**11.3-2.2** To review all information available regarding the current competence of Association members and, as a result of such reviews, to make recommendations for the granting of privileges including, if applicable, completion of proctoring, reappointments, and the assignment of practitioners to the various departments or services in accordance with Articles IV and V;

**11.3-2.3** To make a report to the Executive Committee, in accordance with Articles IV and V, on each applicant for Association membership or clinical privileges, including specific consideration of the recommendations from the departments in which such applicant requests privileges;

**11.3-2.4** To investigate and review matters referred by the President, the Executive Committee, any committee of the Association, or the Chief Medical Officer regarding the qualifications, conduct, professional character or current competence of any applicant or Association member and be advisory to and make recommendations to the Executive Committee on such matters

**11.3-2.5** To consider any matters of controversy between departments regarding Association membership appointments and reappointments or granting of privileges; and

**11.3-2.6** To review and evaluate the use of allied health professional personnel performing specified services and, in connection therewith, obtain and consider the recommendations of the appropriate departments. This requirement shall be performed by the Interdisciplinary Practices Committee, as described in Section 11.35, and by the appropriate department each of which shall report their findings and recommendations to the Credentials Committee.

**11.3-3 Meetings:** The Committee shall meet as needed, but at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least

a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

#### **11.4 JOINT CONFERENCE COMMITTEE**

**11.4-1 Composition:** The Joint Conference Committee shall be composed of

**11.4-1.1** at least two (2) of the following as representatives of the Association:

1. the President
2. the Vice President
3. the Immediate Past President
4. the Secretary-Treasurer;and

**11.4-1.2.** at least two (2) of the following as representatives of the Governing Body:

1. a member(s) of the Governing Body
2. one (1) health deputy to a member of the Board of Supervisors
3. the Director
4. the Chief Medical Officer of Health Services;

each of whom shall have a vote.

The Chair, Professional Performance Panel; Peer Review Oversight Committee; the Associate Medical Directors of for Ambulatory Care; the Associate Medical Director for Inpatient Care; the Associate Medical Director of for Medical Education; the Chief Medical Officer; the physician chief Quality Officer; and the Chair, Medicolegal Committee may attend the meeting as required to discuss issues relevant to their responsibilities. The chairmanship of the Committee shall alternate annually between the Association and the non-Association participants. A quorum shall consist of at least two (2) representatives as defined in this Section 11.4-1 from both the Association and the Governing Body.

#### **11.4-2 Duties:**

**11.4-2.1** Discussing matters of Medical Center and Association policy, practice and planning;

**11.4-2.2** Providing a forum for the interaction between the Governing Body and the Association on such matters as may be referred by the Executive Committee or the Governing Body.

**11.4-2.3** Discussing the Quarterly Governing Body Report of the Association on the quality of patient care, findings and actions taken from quality reviews and peer review activities related to potential or actual medical malpractice claims.

**11.4-2.4** Except where there is a resource allocation committee, serving as the review body for Medical Center strategic planning. The Committee may request additional information from management when considering such

plans.

**11.4-2.5** Serving as the body to handle Association and Governing Body disputes and meeting and conferring in good faith to resolve such disputes including 1) meeting as early as possible to identify the conflict; 2) gathering information regarding the conflict; and 3) working to resolve the conflict.

**11.4-2.6** Exercising any other responsibilities set forth in these bylaws.

**11.4-3 Meetings:** The Joint Conference Committee shall meet on demand when necessary to resolve disputes as determined by the Association or the Governing Body but at least quarterly and shall transmit written reports of its activities to the Executive Committee and the Governing Body except that reports to the Governing Body shall not include peer review information related to individual members.

## **11.5 PEER REVIEW OVERSIGHT COMMITTEE (PROC)**

**11.5-1** Composition: The Peer Review Committee Chair of each department or their designee along with a Chair and a Vice-Chair that should be separate from the department representation. Membership is restricted to Association members

**11.5-2** Duties: Assists hospital leadership in assuring that the medical staff departments have effective peer-review programs by providing secondary review of the following types of peer-review cases:

11.5-2.1 All cases in which a category 3 designation has been assigned by a department's peer-review committee (i.e., cases in which care is assessed as not meeting the standard of care and having a high likelihood of causing harm.)To annually review, evaluate, and recommend to the PSA Review Committee revisions of the written Medical Center wide Quality of Care Plan;

11.5-2.2 Any cases referred to the PROC by a department chair or peer-review committee. To make recommendations related to improving clinical practice or clinical or non-clinical processes that require Association or Medical Center leadership or participation;

11.5-2.3 Any case in which a member of the medical staff wishes to formally appeal the category assignment of a department's peer-review committee.

11.5-2.4 Cases in which two or more departments differ in their assessment of QI cases where those differences impact peer-review.

**11.5-2.5** Reviews information about grievances against physicians and surgeons and assures that appropriate peer-review has been performed if indicated. Presents aggregate data about these grievances to the Medical Executive Committee and PSA Review Committee quarterly.

**11.5-3** Meetings: The committee shall meet at least quarterly and shall maintain a permanent record of its proceedings and actions.

## **11.6 CLINICAL DATA MONITORING PANEL**

**11.6-1 Composition:** The Clinical Data Monitoring Panel shall consist of at least three (3) members from three (3) different departments and one (1) representative each from Nursing, the Quality Improvement/Patient Safety and Hospital Administration. A physician with a leadership role in quality improvement will serve as chair.

**11.6-2 Duties:**

**11.6-2.1** To assure that important clinical processes are measured, assessed and improved;

**11.6-2.2** To review and evaluate the activities and data collected, reviewed and reported by the following Association and Medical Center committees and services:

- 11.6-2.2-a** Blood and Tissue Utilization;
- 11.6-2.2-b** Pharmacy and Therapeutics/Medication Safety;
- 11.6-2.2-c** Utilization Review
- 11.6-2.2-d** Surgical Case Review;
- 11.6-2.2-e** Infection Prevention and Control;
- 11.6-2.2-f** Health Care Information;
- 11.6-2.2-g** Clinical Laboratory;
- 11.6-2.2-h** Cancer Coordinating;
- 11.6-2.2-i** Operating Room;
- 11.6-2.2-j** Patient Safety Council
- 11.6-2.2-k** Nutrition;
- 11.6-2.2-l** End Stage Renal Disease;
- 11.6-2.2-m** Trauma Performance Improvement
- 11.6-2.2-n** Ambulatory Care Quality Improvement;
- 11.6-2.2-o** Cardiopulmonary Resuscitation;
- 11.6-2.2-p** Critical Care; and
- 11.6-2.2-q** Pediatric Critical Care;
- 11.6-2.2-r** Other committees, as deemed appropriate

**11.6-2.3** To ensure that the assessment process includes intensive assessment when undesirable variation in performance may have occurred;

**11.6-2.4** To oversee committee analyses of aggregate clinical data, including outcomes data, and make recommendations as necessary;

**11.6-2.5** To identify issues requiring medical executive attention;

**11.6-2.6** To ensure that improvement opportunities consistent with Medical Center priorities are identified and acted upon;

**11.6-2.7** To identify opportunities for interdisciplinary collaboration;

**11.6-2.8** To identify potential cost-saving opportunities; and

**11.6-2.9** To identify opportunities for continuing medical education.



**11.6-3 Meetings:** The Panel shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a report of each meeting (meeting minutes will suffice for this purpose) to the Executive Committee through the PSA Review Committee on its activities and recommendations.

## **11.7 UTILIZATION REVIEW COMMITTEE**

**11.7-1 Composition:** The Utilization Review Committee shall include at least one (1) member from each department, the Medical Director of Utilization Review, and one (1) each from Nursing, Medical Center Administration, Medical Records, Clinical Social Services, and Revenue Management.

### **11.7-2 Duties:**

**11.7-2.1 Utilization Review Studies:** The Committee shall conduct utilization review studies designed to evaluate the appropriateness of admissions to the Medical Center, using evidence-based criteria, lengths of stay, discharge practices, use of Medical Center services, and all related factors which may contribute to the effective utilization of the Medical Center and physician services. In addition, the Committee shall obtain, review and evaluate information and raw statistical data obtained or generated by the Medical Center's Electronic Health Record, ORCHID, under the Care Management Module. The Committee shall communicate the results of its studies and other pertinent data to the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Executive Committee and shall make recommendations for the optimum utilization of Medical Center resources and facilities commensurate with quality of patient care and safety, except that such reports and such recommendations will not include provider-specific information or details on any individual cases.

**11.7-2.2 Written Utilization Review Plan:** The Committee shall formulate a written Utilization Review Plan for the Medical Center. Such Plan, as approved by the Association, the Chief Executive Officer, and the Governing Body, must be in effect at all times and must include all of the following elements:

**11.7-2.2-a** The organization and composition of the committee(s) which will be responsible for the utilization review function;

**11.7-2.2-b** Frequency of meetings;

**11.7-2.2-c** The types of records to be kept;

**11.7-2.2-d** The methods to be used in selecting cases on a sample or other basis;

**11.7-2.2-e** The definition of what constitutes the period of extended duration;

**11.7-2.2-f** The relationship of the Utilization Review Plan to claims administered by a third party;

4689  
4690 11.7-3 Meetings:  
4691

4692 The Committee shall hold at least ten (10) monthly meetings per year, shall maintain a  
4693 permanent record of its proceedings and actions, and shall submit a report of each  
4694 meeting (meeting minutes will suffice for this purpose) to the Executive Committee  
4695 through the Clinical Data Monitoring Panel on its activities and recommendations.  
4696

4697 **11.8 PHARMACY AND THERAPEUTICS COMMITTEE**

4698 11.8-1 Composition: The Committee shall consist of at least one (1) member from each  
4699 of the following departments: Medicine Surgery, Anesthesiology, Pediatrics,  
4700 Obstetrics and Gynecology, Emergency Medicine, Family Medicine, and Psychiatry;  
4701 one (1) each from the Nursing Department, Medical Center Administration, and  
4702 the Ambulatory Care Service; the Medical Center's Director of Pharmacy, and one  
4703 (1) representative of the residents.  
4704

4705 **11.8-2 Duties:**  
4706

4707 **11.8-2.1** The Committee shall address the major processes involved in medication  
4708 procurement, storage, distribution, dispensing, and use of drugs and chemicals in the  
4709 Medical Center.  
4710

4711 **11.8-2.2** The Pharmacy Director, in consultation with other appropriate health  
4712 professionals and administration, is responsible for the development of  
4713 written policies and procedures for establishment of safe and effective  
4714 systems for procurement, storage, distribution, dispensing and use of drugs  
4715 and chemical. Such policies and procedures shall be reviewed, revised,  
4716 and/or approved by the Committee.  
4717

4718 **11.8-2.3** The Pharmacy Director, in consultation with other appropriate health  
4719 professionals and administration, is responsible for the implementation of  
4720 procedures.  
4721

4722 **11.8-2.4** Committee activities include development and maintenance of a hospital  
4723 formulary.  
4724

4725 11.8-2.4-a The medical staff establishes a formulary system;  
4726

4727 11.8-2.4-b The formulary lists medications for dispensing or  
4728 administration that the hospital maintains;  
4729

4730 11.8-2.4-c the medical staff, in consultation with Core DHS P&T  
4731 and pharmacy service, develops written criteria for determining what  
4732 medications are available for dispensing or administration. At a  
4733 minimum, the criteria include the indication for use, effectiveness,  
4734 risks (including propensity for medication errors, abuse potential,  
4735 and sentinel events), and costs;  
4736

4737 11.8-2.4-d The medical staff, in consultation with the pharmacy  
4738 service, develops processes and mechanisms to monitor patient

4739 responses to a newly added medication before the medication is  
 4740 made available for dispensing or administration within the hospital;

4741  
 4742 11.8-2.4-e The medical staff, in consultation with the pharmacy  
 4743 service, develops guidelines for the administration of drugs when  
 4744 given in unusually high dosages or when given for purposes other  
 4745 than those for which the drug is customarily used;

4746  
 4747 11.8-2.4-f The medical staff, in consultation with the pharmacy  
 4748 service, develops processes to approve and procure medications  
 4749 that are not on the hospital's medication list;

4750  
 4751 11.8-2.4-g The medical staff, in consultation with the pharmacy  
 4752 service, develops processes to address medication shortages and  
 4753 outages, including the following:

- 4754  
 4755 • Communication with appropriate prescribers and staff;  
 4756 • Developing approved substitution protocols;  
 4757 • Educating appropriate LIPs, appropriate health care  
 4758 professionals, and staff about these protocols; and,  
 4759 • Obtaining medications in the event of a disaster.

4760  
 4761 **11.8-2.5** The Committee shall address the major processes involved in  
 4762 medication usage, such as prescribing or ordering; preparation or  
 4763 dispensing; administration; monitoring the medication's effect on the  
 4764 patient; safety procedures; and all other matters relating to drugs in the  
 4765 Medical Center, including antibiotic usage.

4766  
 4767 **11.8-2.6** The Committee shall oversee the pharmacists prescribing activities.

4768  
 4769 **11.8-2.7** The Committee shall be responsible for ensuring the quality of service  
 4770 provided by the pharmacy department.

4771  
 4772 11.8-2.7-a The Pharmacy Director, in consultation with other  
 4773 appropriate health professionals and administration, is responsible  
 4774 for the development of written policies, procedures, and protocols  
 4775 for establishment of clinical activities to be provided by clinical  
 4776 pharmacists;

4777  
 4778 11.8-2.7-b The Committee shall review the quality of service;

4779  
 4780 11.8-2.7-c The quality assurance data shall be submitted to the  
 4781 Medical Executive Committee, through the Clinical Data Monitoring  
 4782 Panel

4783  
 4784 **11.8-2.8** The Committee shall also perform the following specific functions:

4785  
 4786 11.8-2.8-a Periodically review high use and high cost drug items  
 4787 and making appropriate recommendations;

4788

11.8-2.8-b Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs and make appropriate recommendations for improvement;

11.8-2.8-c Review adverse drug reactions and medication errors.

**11.8-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions and the results of actions taken, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

#### **11.8-4 Antibiotic Review Subcommittee**

**11.8-4.1 Composition:** The Antibiotic Review Committee shall consist of at least two (2) members from the Division of Infectious Diseases, one (1) member from the Division of Pediatric Infectious Diseases, one (1) member from Nursing, one (1) member from Pharmacy Services, and other members of the Association or Medical Center staff as deemed necessary.

**11.8-4.2 Duties:** The Committee makes recommendations to the Pharmacy and Therapeutics Committee regarding practices in the use of anti-infective agents in the Medical Center including, but not necessarily limited to:

**11.8-4.2-a** The indications for antibiotics, antifungals and other anti-infective agents;

**11.8-4.2-b** Guidelines for selecting, administering and monitoring use of anti-infective agents;

**11.8-4.2-c** The preferred drug(s) for specific disease states;

**11.8-4.2-d** Collection of data on the use of anti-infective agents, analyzing the data and making improvements in the use of these agents;

**11.8-4.2-e** Selection of the most cost-effective agent to manage infections; and

**11.8-4.2-f** Restrictions in the use of specific anti-infective agents.

#### **11.8-5 Medication Safety Committee**

**11.8-5.1 Description:** Harbor-UCLA Medical Center Medication Safety Committee (MSC) is a multi-disciplinary Professional Staff Association (PSA) Committee charged with the promotion of medication safety policies and practices. The committee will review medication event data, relevant facility policies, Medication Error Reduction Plan (MERP), and literature/reports in an effort to provide decisions and guidance to promote overall medication safety. This Committee will report to the Clinical Data Monitoring Panel (CDMP) and will also provide

4840 data and reports to the Pharmacy & Therapeutics (P&T) Committee.

4841

4842 11.8-5.2 Responsibilities

4843

4844 11.8-5.2-a Review adverse drug event and medication error reports,  
4845 analyze statistics and trends;

4846

4847 11.8-5.2-b Develop or follow up on implemented policies that impact  
4848 medication safety including the transition to Electronic Health  
4849 Record;

4850

4851 11.8-5.2-c Monitor reports on medication safety-related topics  
4852 including, but not limited to, Anesthesia Controlled Substance Use,  
4853 Medication Storage, Pharmacist Interventions, and Automated  
4854 Dispensing Cabinet Overrides/Discrepancies Review, and assess  
4855 Medication Error Reduction Plan (MERP) quarterly and annually;

4856

4857 11.8-5.2-d Review DHS system-wide Expected Practice  
4858 recommendations and other medication-safety related action plans  
4859 and implement, if applicable.

4860

4861 11.8-5.2-e Review current literature pertaining to medication safety,  
4862 and update/revise existing policy;

4863

4864 11.8-5.2-f Identify specific technology goals to reduce the incident of  
4865 medication errors through the use of proven technology;

4866

4867 11.8-5.2-g Review and follow up with actions for any regulatory  
4868 standards and external best practices in relation to medication  
4869 safety.

4870

4871 11.8-5.2-h Provide recommendations to CDMP regarding  
4872 system/process improvements;

4872

4873 11.8-5.2-i The Committee may conduct additional business  
4874 meetings through special committees, conference calls, electronic  
4875 mail, and through established workgroups.

4876

4877 11.8-5.3 Membership: The membership will be composed of Medical Staff, Pharmacy,  
4878 Nursing, Hospital Administration, Quality Assessment & Resource Management, and  
4879 Information System representatives as designated below. The following is a list of  
4880 committee members:

4881

4882 Chief Information Officer or designated representative (1)

4883 Clinical Nurse Specialist / Clinical Nurse Educator (1)

4884 Director of Quality Assessment (1)

4885 Hospital Administrator / Nursing Administrator (2)

4886 Medical Staff Co-Chair (1)

4887 Medical Staff representative (2)

4888 Medical Director of Quality Improvement / Patient Safety Officer (1)

4889 Pharmacy Director / Co-Chair (1)

4890 Pharmacy Medication Safety Officer (1)

4891 Staff Nurse (1)

4892

4893 The Committee will be co-chaired by the Pharmacy Director and the designated Medical  
4894 Staff member.

4895

4896 11.8-5.4 Meetings: The committee will meet every month according to a pre-established  
4897 schedule. Quarterly reports and recommendations will be provided to the Clinical Data  
4898 Monitoring Panel (CDMP). Two physician members (or their designee) and a minimum  
4899 of 5 permanent members constitute a quorum.

4900

4901 **11.9 INFECTION PREVENTION AND CONTROL COMMITTEE**

4902

4903 **11.9-1 Composition:** The Committee Chair is the Medical Director of Infection  
4904 Prevention and Control. The Committee shall include at least one (1) member from  
4905 each of the following departments: Medicine, Surgery, Obstetrics and Gynecology,  
4906 Pediatrics, and Pathology and Laboratory Medicine; and at least one (1) each from  
4907 Nursing, Medical Center Administration, Infection Prevention and Control and  
4908 Employee Health, Facilities Management, Environmental Safety and Environmental  
4909 Services. The Chair may include other personnel with the expertise and experience  
4910 to make knowledgeable decisions.

4911

4912 **11.9-2 Duties:**

4913

4914 **11.9-2.1** The primary purpose of the Committee is to provide a safe and high  
4915 quality care environment through the prevention and control of Medical  
4916 Center-acquired infections in patients, visitors and Medical Center personnel  
4917 by maintaining an infection prevention and control program.

4918

4919 **11.9-2.2** The Committee shall advise and direct the activities of the Infection  
4920 Prevention and Control staff professionals who conduct the daily activities of  
4921 infection control. These activities include, but are not limited to:

4922

4923 **11.9-2.2-a** Disease surveillance;

4924

4925 **11.9-2.2-b** Surveillance data analysis and education;

4926

4927 **11.9-2.3-c** Developing educational resources for infection  
4928 prevention, control and healthcare epidemiology;

4929

4930 **11.9-2.2-d** Outbreak evaluation;

4931

4932 **11.9-2.2-e** Consultation;

4933

4934 **11.9-2.2-f** Establishing and evaluating aseptic, isolation and  
4935 sanitation techniques;

4936

4937 **11.9-2.2-g** Defining indications for transmission-based precautions;

4938

4939 **11.9-2.2-h** Research;

4940

4941 **11.9-2.2-i** Providing advice on all proposed construction;



**11.9-2.2-j** Development of infection prevention and control policies and procedures and facilitating departmental compliance; and

**11.9-2.2-k** Enforcement of infection control measures or studies, as needed.

**11.9-3 Meetings:** The Committee shall meet at least quarterly and also whenever any major outbreak of infection makes a meeting desirable. The Committee shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

## **11.10 HUMAN SUBJECTS COMMITTEE**

### **11.10-1 Composition**

**11.10-1.1** The Human Subjects Committee refers to the Institutional Review Boards (hereafter "IRBs") of the Los Angeles Biomedical Research Institute at Harbor-UCLA (hereafter "LA BioMed"), and the proceedings and actions of the IRBs shall constitute the proceedings and actions of the Committee.

**11.10-1.1-a** The IRBs shall be broadly representative bodies comprised of members from varying backgrounds (such as attorneys, medical administrators, nursing staff, Association members, active investigators, community members, etc.) who have maturity, experience and expertise to justify respect for their advice and counsel;

**11.10-1.1-b** A majority of the IRB members shall be County personnel; and

**11.10-1.1-c** LA BioMed shall appoint all IRB members in consultation with the Chief Medical Officer.

**11.10-1.2** In the event that LABioMed has no IRB or any of the three conditions (3) stated above are not satisfied, then the Executive Committee may elect to:

**11.10-1.2-a** appoint the members and officers of the Committee which shall be broadly representative as described above and composed, inter alia, of such Association members and County personnel as deemed necessary by the Executive Committee and mandated by Federal regulations and in compliance with LABioMed's federalwide assurance or

**11.10-1.2-b** grant LABioMed, at its discretion, permission to use properly accredited extramural IRBs.

**11.10-2 Duties:** The Committee shall:

4993  
4994 **11.10-2.1** Review and approve or disapprove all requests for the performance of  
4995 any type of medical research involving human subjects to be performed within  
4996 the Medical Center including, but not limited to, protocols concerned with the  
4997 use of investigational or experimental drugs, or determine that such research  
4998 is exempt from further review, and, if approved, indicate whether such  
4999 research must be performed in accordance with any stated conditions. Such  
5000 review and approval shall be subject to any additional review and/or approval  
5001 by other persons or bodies as required under a County contract or by the  
5002 Association;

5003  
5004 **11.10-2.2** Perform ongoing review of all medical research approved by the  
5005 Committee and require and receive from time to time written progress reports  
5006 on all approved medical research;  
5007

5008 **11.10-2.3** Assure compliance with all Federal and State laws and regulations  
5009 applicable to the approval, performance, and ongoing review of all medical  
5010 research involving human subjects including, without limitation, oversight by  
5011 an institutional review board as required by Federal and State laws and  
5012 regulations; and  
5013

5014 **11.10-2.4** Make an annual written report to the Governing Body, not later than  
5015 twelve (12) months following the end of each County fiscal year, stating the  
5016 medical research accomplished, the medical research in progress, and a  
5017 description of the source and dollar amount of all funds expended at the  
5018 Medical Center for medical research during the County's previous fiscal year.  
5019

5020 **11.10-3 Requests to Conduct Medical Research Involving Human Subjects**  
5021

5022 No Association member or other person shall conduct any type of medical research  
5023 involving human subjects to be performed at the Medical Center without first  
5024 obtaining the approval of the Human Subjects Committee and any other person or  
5025 body whose approval is required under a County contract. No such medical  
5026 research shall be approved unless the research will contribute to or benefit health  
5027 care for County patients. All requests for permission to conduct such medical  
5028 research in the Medical Center must be in writing and in such form as may be  
5029 required by the Committee and shall be accompanied by the written approval of the  
5030 chair of each department involved.  
5031

5032 **11.10-4 Meetings:** The Committee shall meet as necessary but not less than quarterly,  
5033 shall maintain a permanent record of its proceedings and actions, and shall submit at  
5034 least a quarterly report (meeting minutes will suffice for this purpose) to the Chief  
5035 Medical Officer, who will then forward this report to the Executive Committee, the  
5036 Chief Executive Officer, and the Governing Body on its activities and  
5037 recommendations.  
5038

5039 **11.11 RESEARCH COMMITTEE**

5040 The Research Committee is intended to serve in an advisory role to review research  
5041 activities on the LA BioMed/Harbor-UCLA campus, recognizing the unique relationship

5042 and mutual prioritization of biomedical research among all stakeholders.

5043 **11.11-1 Composition**

5044  
5045 **11.11-1.1** The Association's Research Committee refers to the Research Committee of  
5046 the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center  
5047 (hereafter "LABioMed"), and the proceedings and actions of the LABioMed Research  
5048 Committee shall constitute the proceedings and actions of the Association's Research  
5049 Committee.

5050 **11.11-1.1-a** The Research Committee shall be a broadly representative body;

5051 **11.11-1.1-b** A majority of the Research Committee members shall be County personnel  
5052 or LABioMed employees; and

5053 **11.11-1.1-c** LABioMed, in consultation with the Chief Medical Officer, shall appoint all  
5054 Research Committee members in a manner that is equitable and representative of  
5055 mutual interests..

5056 **11.11-1.2** In the event that LABioMed has no Research Committee or any of the three  
5057 (3) conditions stated above are not satisfied, then the Executive Committee may elect to:

5058 **11.11-1.2-a** serve as the Association's Research Committee;

5059 **11.11-1.2-b** appoint the members and officers of the Committee which shall be broadly  
5060 representative and composed of such Association members and County personnel as  
5061 deemed necessary by the Executive Committee; or

5062 **11.11-1.2-c** remove a member or officer of the Committee when deemed necessary.

5063 **11.11-2 Requests to Conduct Medical Research:** No Association member or other  
5064 person shall conduct any type of medical research to be performed on the  
5065 LABioMed/Harbor-UCLA campus without first obtaining the approval of the Association's  
5066 Research Committee. All requests for permission to conduct such medical research on  
5067 the LABioMed/Harbor-UCLA campus must be in writing and in such form as may be  
5068 required by the Committee and shall be accompanied by the written approval of the chair  
5069 of each department involved through the use of a Proposal Review, Approval and  
5070 Compliance Certification (PRACC) form.

5071 The Committee shall:

5072 **11.11-2.1** Review and approve or disapprove all requests for the performance of any  
5073 type of medical research to be performed on the LABioMed/Harbor- UCLA campus and,  
5074 if approved, indicate whether such research must be performed in accordance with any  
5075 stated conditions other than those normally required by federal or local agencies, and/or  
5076 institutional review groups such as the IRB or IACUC. The Research Committee may  
5077 elect to delegate such review to relevant committees (e.g., IRB, IACUC) or authorized  
5078 peer review groups (e.g., NIH, DOD, etc.). Such review and approval shall be subject to  
5079 any additional review and/or approval by other persons or bodies as required under a  
5080 County contract or by the Association;

5081 **11.11-2.2** Perform ongoing review of all medical research approved by the Committee  
5082 and require and receive from time to time written progress reports on all approved  
5083 medical research;

5084 **11.11-2.3** Advise the Executive Committee on the development and implementation of  
5085 research policies; and

5086 **11.11-2.4** LA BioMed will submit an annual detailed written report to the Governing  
5087 Body, not later than twelve (12) months following the end of each County fiscal year,  
5088 summarizing the medical research accomplished, via a list of publications and a financial  
5089 report detailing research expenditures during the previous fiscal year.

5090  
5091 **11.12 BYLAWS COMMITTEE**  
5092

5093 **11.12.1 Composition:** The Bylaws Committee shall consist of at least three (3)  
5094 members of the Association including at least the Vice President and Immediate Past  
5095 President. Committee membership shall be restricted to Association members.  
5096

5097 **11.12-2 Duties:** The duties of the Bylaws Committee shall include:  
5098

5099 **11.12-2.1** Conducting an annual review of the Association bylaws, as well as the  
5100 rules and regulations if any, policies and forms promulgated by the  
5101 Association, its departments and divisions; and  
5102

5103 **11.12-2.2** Developing and submitting recommendations to the Association for  
5104 changes in Association documents and operations as necessary to reflect or  
5105 improve current Association practices.  
5106

5107 **11.12-3 Meetings:** The Committee shall meet as often as necessary at the call of its  
5108 chair but at least annually, shall maintain a permanent record of its proceedings and  
5109 actions, and shall submit at least an annual report (meeting minutes will suffice for  
5110 this purpose) to the Executive Committee (or the Association at the annual meeting)  
5111 on its activities and recommendations.  
5112

5113 **11.13 SURGICAL CASE REVIEW COMMITTEE**  
5114

5115 **11.13-1 Composition:** The Surgical Case Review Committee shall consist of at least  
5116 one (1) member each from the departments of Pathology and Laboratory Medicine,  
5117 Surgery, and Obstetrics and Gynecology; the Chair of the PROC, and members from  
5118 other departments as desired.  
5119

5120 **11.13-2 Duties:** To review tissue and non-tissue cases performed in the operating room  
5121 and in outpatient areas for:  
5122

5123 **11.13-2.1** Appropriateness of procedure;  
5124

5125 **11.13-2.2** Appropriateness for lack of tissue (a screening mechanism based upon  
5126 pre-established criteria may be used);  
5127

5128 **11.13-2.3** Significant discrepancies between pre- and postoperative (including  
5129 pathologic) diagnoses; and

5130  
5131 **11.13-2.4** Adequate follow-up of unexpected findings.  
5132

5133 **11.13-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5134 permanent record of its proceedings and actions and the results of actions taken,  
5135 and shall submit at least a quarterly report (meeting minutes will suffice for this  
5136 purpose) to the Executive Committee through the Clinical Data Monitoring Panel on  
5137 its activities and recommendations.  
5138

5139 **11.14** CONTINUING MEDICAL EDUCATION COMMITTEE  
5140

5141 **11.14-1 Composition:** The Continuing Medical Education Committee shall consist of at  
5142 least one (1) member from each department that participates in continuing medical  
5143 education; at least one (1) representative from the Los Angeles Biomedical Research  
5144 Institute at Harbor-UCLA Medical Center; the Medical Center's Medical Staff  
5145 Coordinator; the Medical Center's Director of Library Services; and the Chair of the  
5146 Professional Performance Panel. The Associate Medical Director for Medical  
5147 Education or designee shall serve as chair.  
5148

5149 **11.14-2 Duties:**  
5150

5151 **11.14-2.1** To formulate policies and standards of continuing medical education;  
5152

5153 **11.14-2.2** To plan and approve continuing medical education activities proposed  
5154 by the various departments by evaluating for the:  
5155

5156 **11.14-2.2-a** identification of educational needs and practice gaps for  
5157 licensed physicians;

5158 **11.14-2.2-b** identification of desirable physician attributes and  
5159 competencies to be improved by the activity;

5160 **11.14-2.2-c** formulation of clear statements of objectives for each  
5161 activity;

5162 **11.14-2.2-d** assessment of the effectiveness of each activity;

5163 **11.14-2.2-e** choice of appropriate teaching methods and  
5164 knowledgeable faculty for each activity;

5165 **11.14-2.2-f** documentation of staff attendance at each activity; and

5166 **11.14-2.2-g** assurance of compliance with the Institute of Medical  
5167 Quality's accreditation standards for each activity;  
5168

5169 **11.14-2.3** To cooperate with the medical community as a resource for quality  
5170 continuing medical education;  
5171

5172 **11.14-2.4** To develop continuing medical education programs based on the  
5173 results of quality improvement studies and related institutional goals;  
5174

5175 **11.14-2.5** To ensure that the Medical Center's continuing medical education  
5176 program is in compliance with the Institute of Medical Quality's CME  
5177 accreditation standards;  
5178

5179           **11.14-2.6** To make recommendations to the Executive Committee regarding  
5180           library needs of the Association; and

5181  
5182           **11.14-2.7** To advise the Chief Executive Officer of the financial needs of the  
5183           continuing medical education program.

5184  
5185       **11.14-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5186       permanent record of its proceedings and actions, and shall submit at least a  
5187       quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5188       Committee on its activities and recommendations.

5189  
5190       **11.15 WELL BEING OF PRACTITIONERS COMMITTEE**

5191  
5192       **11.15-1 Composition:** The Well Being of Practitioners Committee shall consist of at  
5193       least five (5) members selected from any of the departments. Insofar as possible,  
5194       members of this committee shall not serve as active participants on other peer  
5195       review or quality assessment and improvement committees while serving on this  
5196       committee.

5197  
5198       **11.15-2 Duties:**

5199  
5200           **11.15-2.1** To recommend policies and procedures for recognizing practitioners  
5201           who have problems with substance abuse and/or physical or mental illness  
5202           which may impair their ability to practice safely and effectively;

5203  
5204           **11.15-2.2** To consider general matters related to the health and well-being of the  
5205           medical staff and develop educational programs or related activities; and

5206  
5207           **11.15-2.3** To receive reports related to the physical and mental health, well-  
5208           being, or impairment (e.g., substance abuse, physical or mental illness) of  
5209           Association members and, as it deems appropriate, to evaluate such reports  
5210           and assist such practitioners to obtain necessary rehabilitation services,  
5211           including recommending to the Executive Committee that the practitioner be  
5212           required to submit to a medical or psychological examination in order to  
5213           assure that the practitioner will practice safely, at the practitioner's expense, if  
5214           deemed appropriate by the Executive Committee. The applicant or member  
5215           may select the examining physician from an outside panel of three (3)  
5216           physicians chosen by the Executive Committee. With respect to matters  
5217           involving individual Association applicants or members, the committee may,  
5218           on a voluntary basis, provide such advice, counseling, or referrals as may  
5219           seem appropriate. Such activities shall be confidential. However, in the event  
5220           information received by the Committee clearly demonstrates that the health  
5221           or known impairment of an Association applicant or member poses an  
5222           unreasonable risk of harm to patients, that information may be referred for  
5223           corrective action.

5224  
5225       **11.15-3 Meetings:** The Committee shall meet as needed, shall maintain a permanent  
5226       record of its proceedings and actions as it deems advisable, and shall submit at least  
5227       a quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5228       Committee through the Professional Performance Panel on its activities.



5230 **11.16 BLOOD AND TISSUE UTILIZATION COMMITTEE**

5231  
5232 **11.16-1 Composition:** The Blood and Tissue Utilization Committee shall consist of at  
5233 least one (1) member from each of the departments of Surgery, Medicine, Obstetrics  
5234 and Gynecology, Pediatrics and Anesthesiology; one (1) member from the Nursing  
5235 Department; and the Chair of the Professional Performance Panel. The Director of  
5236 the Medical Center's Blood and Tissue Bank shall be the Chair of the Committee.

5237  
5238 **11.16-2 Duties:**

5239  
5240 The Committee shall address the major processes involved in blood and tissue  
5241 usage such as storing, qualifying vendors, ordering, distributing, handling,  
5242 dispensing, administering and monitoring the product's effect on patients. The  
5243 Committee shall also perform the following specific functions:

5244  
5245 **11.16-2.1** Reviewing, revising and approving policies and procedures on storing,  
5246 ordering, distributing, handling, dispensing, and administering blood, blood  
5247 components and tissue;

5248  
5249 **11.16-2.2** Evaluating periodically the appropriateness and usage of selected  
5250 blood and tissue components;

5251  
5252 **11.16-2.3** Evaluating blood and tissue wastage statistics;

5253  
5254 **11.16-2.4** Reviewing transfusion reactions and other adverse reactions; and

5255  
5256 **11.16-2.5** Making appropriate recommendations for improvement.

5257  
5258 **11.16-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5259 permanent record of its proceedings and actions and the results of actions taken,  
5260 and shall submit at least a quarterly report (meeting minutes will suffice for this  
5261 purpose) to the Executive Committee through the Clinical Data Monitoring Panel on  
5262 its activities and recommendations.

5263  
5264 **11.17 HEALTH CARE INFORMATION COMMITTEE**

5265  
5266 **11.17-1 Composition:** The Health Care Information Committee shall be a  
5267 multidisciplinary team comprised of at least one (1) representative from each of the  
5268 following departments: Medicine, Surgery, Family Medicine, Emergency Medicine,  
5269 Neurology, Pediatrics and Radiology; one (1) from Nursing Department; one (1) from  
5270 Medical Center Administration; one (1) from Clinical Social Services; one (1) from the  
5271 Health Information Management Department; one (1) from Quality Assessment  
5272 Resource Management; one (1) from Utilization Review; and other physician and  
5273 non-physician members as deemed necessary.

5274  
5275 **11.17-2 Duties:**

5276  
5277 **11.17-2.1** To review and approve all Medical Center policies and procedures  
5278 related to paper-based medical records and electronic health record  
5279 documents, including completion, forms and formats, appropriate chart  
5280 organization, printing of electronic documents, availability and methods of

5281 enforcement;

5282  
5283 **11.17-2.2** To assure that the security, privacy, confidentiality and integrity of  
5284 paper-based medical records and electronic health record documents are  
5285 consistent with laws and regulations;

5286  
5287 **11.17-2.3** To review medical records brought to the attention of the Committee by  
5288 the Health Information Management Department which do not meet accepted  
5289 criteria;

5290  
5291 **11.17-2.4** To develop measures for and assess findings from monitoring activities  
5292 and take actions to improve identified deficiencies. The monitoring activities  
5293 shall include, but not be limited to:

5294  
5295 **11.17-2.4-a** Timeliness of completion of history and physical  
5296 examinations, operative reports and discharge summaries;

5297  
5298 **11.17-2.4-b** Completeness and accuracy of paper-based and  
5299 electronic health record entries;

5300  
5301 **11.17-2.4-c** Proper description of the patient's condition, diagnosis  
5302 and progress during hospitalization and at the time of discharge;

5303  
5304 **11.17-2.4-d** Documentation of treatment and tests provided and the  
5305 results thereof;

5306  
5307 **11.17-2.4-e** The adequate identification of individuals responsible for  
5308 orders given and treatment rendered;

5309  
5310 **11.17-2.4-f** Availability of paper-based medical records and/or  
5311 electronic health records in patient care areas; and

5312  
5313 **11.17-2.4-g** Organization and contents of the medical record.

5314  
5315 **11.17-2.5** To assure that the Medical Center meets The Joint Commission's  
5316 requirements related to paper-based medical records and electronic health  
5317 records.

5318  
5319 **11.17-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5320 permanent record of its proceedings and actions and the results of actions taken,  
5321 and shall submit at least a quarterly report (meeting minutes will suffice for this  
5322 purpose) to the Executive Committee through the Clinical Data Monitoring Panel on  
5323 its activities and recommendations.

5324  
5325 **11.18 MULTIDISCIPLINARY TRAUMA SYSTEMS / OPERATIONS COMMITTEE**  
5326 **(MTSOC)**

5327  
5328 **11.18-1 Composition:** The Multidisciplinary Trauma Systems / Operations Committee  
5329 (MTSOC) shall consist of at least six (6) members from the departments of  
5330 Emergency Medicine, Surgery (General Surgery and Neurosurgery), Orthopedic  
5331 Surgery, Radiology, and Anesthesiology; at least one (1) representative each from

the Nursing Department, Trauma Service staff and Medical Center Administration; and other physician and non-physician members as deemed necessary.

**11.18-2 Duties:**

**11.18-2.1** Establish policies and procedures for the management of trauma patients at the Medical Center;

**11.18-2.2** Collect and provide multidisciplinary review of data regarding the management of trauma patients; and

**11.18-2.3** Monitor performance within the community-wide and national trauma systems.

**11.18-3 Meetings:** The Committee shall meet monthly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Surgery Quality Improvement Committee and the Executive Committee through the Performance Review Oversight Committee on its activities and recommendations and shall share findings and recommendations with individual clinical departments or divisions as deemed necessary.

**11.19 BIOETHICS COMMITTEE**

**11.19-1 Composition:** The Bioethics Committee shall consist of at least ten (10) members from the departments of Pediatrics, Neurology, Emergency Medicine, Surgery, Obstetrics and Gynecology, Medicine, Family Medicine, and Psychiatry; at least one (1) from the Nursing Department; one (1) from Clinical Social Services; one (1) from Medical Center Administration; and such other members as the Executive Committee may deem appropriate. It may include lay representatives, clergy, representatives from the Governing Body, ethicists, and attorneys, although a majority shall be physician members of the Association.

**11.19-2 Duties:**

**11.19-2.1** Establish bioethical policy guidelines for the Medical Center;

**11.19-2.2** Retrospectively review treatment decisions for the purpose of refining bioethical policy guidelines;

**11.19-2.3** Facilitate communication and education among departments regarding the bioethical consequences of treatment decisions;

**11.19-2.4** Provide a forum for discussion of bioethical questions when they arise; and

**11.19-2.5** Serve in an educational role for faculty, housestaff, and nursing staff concerning current ethical issues.

**11.19-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a

quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

#### **11.20 OPERATING ROOM COMMITTEE**

**11.20-1 Composition:** The Operating Room Committee shall consist of members from the departments of Surgery, Anesthesiology, Obstetrics and Gynecology; Orthopedic Surgery; Radiology; and Pathology and Laboratory Medicine; and representatives from the Nursing Department and Medical Center Administration.

#### **11.20-2 Duties:**

**11.20-2.1** To develop policies and procedures for the effective operation of the Operating Room Suites including the 7<sup>th</sup> floor Operating Room and the Endovascular Room in the Patient Care Diagnostic Center; and

**11.20-2.2** To monitor overall Operating Room performance and utilization.

**11.20-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

#### **11.21 MEDICOLEGAL COMMITTEE**

**11.21-1 Composition:** The Medicolegal Committee shall consist of at least four (4) Association members and at least one (1) representative each from the Nursing Department, the Health Information Management Department, Medical Administration; ***the Hospital Risk Manager, the Chief Quality Officer***, the Peer Review Oversight Committee; and other members as desired.

#### **11.21-2 Duties:**

**11.21-2.1** To review all cases in which there is actual or potential risk of medical malpractice liability to ensure that systems issues that may need correction are identified;

**11.21-2.2** To review medicolegal issues and make recommendations relating to policies and procedures of the Medical Center;

**11.21-2.3** To develop strategies for educating Medical Center staff on medico-legal and risk management issues; and

**11.21-2.4** ***To have the physician members of the Committee meet in Executive Session, upon request of an Association member, to review and assure that an apportionment determination is reasonable, accurate, consistent with the law, and protective of peer review confidentiality.***

**11.21-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a

quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the PSA Review Committee on its activities and recommendations.

**11.22 CANCER COORDINATING COMMITTEE**

**11.22-1 Composition:** The Cancer Coordinating Committee shall consist of at least the following:

- 11.22-1.1** one medical oncologist;
- 11.22-1.2** one general surgeon;
- 11.22-1.3** one pathologist;
- 11.22-1.4** one diagnostic radiologist;
- 11.22-1.5** one radiation oncologist;
- 11.22-1.6** one pain control/palliative care physician or specialist;
- 11.22-1.7** physician representatives from Family Medicine, Obstetrics and Gynecology; Pediatrics and Psychiatry;
- 11.22-1.8** the Cancer Program Administrator;
- 11.22-1.9** one oncology nurse;
- 11.22-1.10** one clinical research data manager or nurse;
- 11.22-1.11** one clinical social worker or case manager;
- 11.22-1.12** one certified tumor registrar;
- 11.22-1.13** one performance improvement professional;
- 11.22-1.14** the Medical Center's Director of Library Services;
- 11.22-1.15** representatives from Health Information Management, Pharmacy, and Food and Nutrition Services; and
- 11.22-1.16** other members as needed.

**11.22-2 Duties:**

- 11.22-2.1** To develop and evaluate the annual goals and objectives related to cancer care;
- 11.22-2.2** To establish cancer conference/tumor board frequency, format and multidisciplinary attendance requirements;
- 11.22-2.3** To ensure that the required number of cases are discussed at the cancer conference/tumor board;
- 11.22-2.4** To evaluate and document cancer conference/tumor board frequency, attendance, and total and prospective case presentations;
- 11.22-2.5** To supervise the activities of the Medical Center's Tumor Registry including, but not limited to:
  - 11.22-2.5-a** Establishing and implementing a plan to evaluate the quality of cancer registry data and activity;
  - 11.22-2.5-b** Ensuring accurate and timely collection of cancer patient data;

5485                   **11.22-2.5-c** Analyzing patient outcomes and disseminating results  
5486                   of the analysis;  
5487  
5488                   **11.22-2.5-d** Identifying opportunities for improvement; and  
5489  
5490                   **11.22-2.5-e** Evaluating the quality of abstracting, staging and  
5491                   reporting;  
5492  
5493           **11.22-2.6** To designate coordinators for the following cancer program activities:  
5494  
5495                   **11.22-2.6-a** Cancer conference/tumor board  
5496  
5497                   **11.22-2.6-b** Quality of cancer registry data  
5498  
5499                   **11.22-2.6-c** Quality improvement  
5500  
5501                   **11.22-2.6-d** Community education and outreach  
5502  
5503           **11.22-2.7** To designate a Commission on Cancer (CoC) Cancer Liaison  
5504           Physician;  
5505  
5506           **11.22-2.8** To promote advancement in cancer treatment through provision of  
5507           clinical trial information and patient accrual to cancer-related clinical trials;  
5508  
5509           **11.22-2.9** To ensure that patients have access to consultative services in all  
5510           disciplines;  
5511  
5512           **11.22-2.10** To ensure that supportive services, prevention and early detection  
5513           opportunities are provided to cancer patients and their families;  
5514  
5515           **11.22-2.11** To promote increased knowledge through educational programs.  
5516           Conferences and other clinical activities covering the entire spectrum of  
5517           cancer care;  
5518  
5519           **11.22-2.12** To ensure that cancer services, care and patient outcomes are  
5520           evaluated and improved so that care meets or exceeds patient expectations  
5521           and the standards of the American College of Surgeons Commission on  
5522           Cancer;  
5523  
5524           **11.22-2.13** To audit data provided to the Committee to evaluate the cancer  
5525           program and trends in the treatment of cancer patients at the Medical Center;  
5526           and  
5527  
5528           **11.22.2.14** To assist the Medical Center in complying with the CoC Cancer  
5529           Program Standards and triennial survey requirements in order to achieve and  
5530           maintain certification as a Teaching Hospital Cancer Program by the CoC.  
5531  
5532   **11.22-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5533   permanent record of its proceedings and actions, and shall submit at least a  
5534   quarterly report (meeting minutes will suffice for this purpose) to the Executive



Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

**11.23 GRADUATE MEDICAL EDUCATION COMMITTEE**

**11.23-1 Composition:** The Committee shall consist of the Harbor-UCLA Medical Center's postgraduate training program directors of Internal Medicine, Pediatrics, General Surgery, Psychiatry, Anesthesiology, Emergency Medicine, Obstetrics and Gynecology, Radiology, Family Medicine, Neurology, Pathology and Laboratory Medicine and Orthopedic Surgery; and at least three (3) peer-selected residents; the Administrative Director for Graduate Medical Education; a representative from the professional schools; and one (1) representative from Medical Center Administration. The Associate Medical Director for Medical Education shall serve as Chair of the Committee and is also appointed as the Designated Institutional Official.

**11.23-2 Duties:**

**11.23-2.1** To establish Medical Center policies for postgraduate medical education such as quality assessment and improvement, resident supervision and working environment, ancillary support, conditions of resident employment, and counseling and support services;

**11.23-2.2** To assure that postgraduate training programs comply with accreditation standards and policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Obstetrics and Gynecology (ABOG) and the Council on Dental Accreditation (CODA);

**11.23-2.3** To review and approve all official communication with accreditation agencies including: progress reports, request for change in resident complement, appointment of program director, major changes in curriculum, etc.;

**11.23-2.4** To develop interinstitutional agreements for the purpose of enhancing postgraduate medical education programs, including liaison with institutions and faculty participating in programs sponsored by the Medical Center;

**11.23-2.5** To regularly review all postgraduate training programs in relation to their compliance with Medical Center policies and ACGME, ABOG or CODA requirements;

**11.23-2.6** To advise and monitor all aspects of postgraduate medical education which include, but are not limited to:

**11.23-2.6-a** The establishment and implementation of policies and procedures for the selection, evaluation, promotion and dismissal of residents;

**11.23-2.6-b** Making recommendations regarding the establishment and implementation of Medical Center policies for discipline and the review of complaints and grievances relevant to the graduate

5586 medical education programs;

5587  
5588 **11.23-2.6-c** The appropriate and equitable funding for resident  
5589 positions including benefits and support services;

5590  
5591 **11.23-2.6-d** The working conditions and duty hours of residents; and

5592  
5593 **11.23-2.6-e** Reviewing the ethical, socioeconomic, risk management  
5594 and cost-containment issues that affect postgraduate medical  
5595 education; and

5596  
5597 **11.23-2.7** To present an Annual Report to the Executive Committee before  
5598 September 15<sup>th</sup> of each year for approval prior to submission to the  
5599 Governing Body and all Major Participating Institutions.

5600  
5601 **11.23-3 Meetings:** The Committee shall meet bimonthly, shall maintain a permanent  
5602 record of its proceedings and actions, and shall submit at least a bimonthly report  
5603 (meeting minutes will suffice for this purpose) to the Executive Committee on its  
5604 activities and recommendations.

5605  
5606 **11.24 PATIENT SAFETY COUNCIL**

5607  
5608 **11.24-1 Composition:** The Patient Safety Council shall consist of representatives from  
5609 Medical Center Administration, Medical Administration, Nursing Administration,  
5610 Clinical Quality and Safety, Risk Management, as well as the Patient Safety Officer,  
5611 the Coordinator of Nursing Quality Improvement, a representative of the Environment  
5612 of Care Committee, and other clinical and administrative representatives as needed.  
5613 The Council is co-chaired by the Patient Safety Officer and another Council member.

5614  
5615 **11.24-2 Duties:**

5616  
5617 **11.24-2.1** To provide oversight and coordination of the Patient Safety Program;

5618  
5619 **11.24-2.2** To review the National Patient Safety Goals and provide oversight for  
5620 implementation facility-wide;

5621  
5622 **11.24-2.3** To work collaboratively with other bodies to identify opportunities for  
5623 improvement as related to patient safety including, but not limited to,  
5624 performing patient safety rounds and receiving reports from Failure Mode  
5625 Effects Analysis (FMEA) teams;

5626  
5627 **11.24-2.4** To receive and analyze patient and staff recommendations  
5628 regarding patient safety;

5629  
5630 **11.24-2.5** To sponsor or make recommendations to the appropriate body(s) for  
5631 initiatives to support ongoing patient safety that are consistent with the  
5632 strategic direction of the organization;

5633  
5634 **11.24-2.6** To facilitate team involvement and performance improvement  
5635 initiatives based on findings when indicated;

- 5637 **11.24-2.7** To sponsor educational programs for staff to improve patient safety;  
5638  
5639 **11.24-2.8** To review statistics on event notification and claims reports;  
5640  
5641 **11.24-2.9** To provide for the integration of patient safety into the hospitalwide  
5642 quality improvement program; and  
5643  
5644 **11.24-2.10** To communicate improvements to clinical and administrative  
5645 leadership as well as facility staff as appropriate.  
5646  
5647 **11.24-2.11** To annually review the patient safety section of the Harbor-UCLA  
5648 Quality and Patient Safety Plan.  
5649

5650 **11.24-3 Meetings:** The Council shall meet at least quarterly, shall maintain a  
5651 permanent record of its proceedings and actions, and shall submit at least a  
5652 quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5653 Committee through the PSA Review Committee on its activities and  
5654 recommendations.  
5655

5656 **11.25 CLINICAL LABORATORY COMMITTEE**  
5657

5658 **11.25-1 Composition:** The Clinical Laboratory Committee shall have two Co-Chairs,  
5659 one of whom is a pathologist and the other who is a faculty physician from a clinical  
5660 department. Members of the Committee shall include, but not be limited to, faculty  
5661 physician representatives from at least three (3) of the departments of Internal  
5662 Medicine, Pediatrics, Obstetrics and Gynecology, Emergency Medicine and  
5663 Anesthesiology and at least one (1) housestaff physician representative from Internal  
5664 Medicine, Pediatrics and/or Pathology and Laboratory Medicine. The Committee  
5665 shall also include representatives from Medical Center Administration, Health  
5666 Information Management, Nursing, Quality Improvement and Pathology and  
5667 Laboratory Medicine Administration.  
5668

5669 **11.25-2 Duties:**  
5670

- 5671 **11.25-2.1** To discuss laboratory performance data and to provide input regarding  
5672 resolution of problems and/or improvement of services;  
5673  
5674 **11.25-2.2** To recommend which tests require critical value reporting and levels at  
5675 which test results should be considered critical values;  
5676  
5677 **11.25-2.3** To periodically review tests which may be overutilized or obsolete and  
5678 recommend changes;  
5679  
5680 **11.25-2.4** To review and approve or disapprove requests to perform Point of  
5681 Care Testing;  
5682  
5683 **11.25-2.5** To recommend addition of new tests when indicated;  
5684  
5685 **11.25-2.6** To assist the laboratory in cost containment by recommending  
5686 reductions in specific in-house tests or reference laboratory send-out tests;  
5687 and

5688  
5689 **11.25-2.7** To discuss any problems concerning laboratory services.  
5690

5691 **11.25-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5692 permanent record of its proceedings and actions, and shall submit at least a  
5693 quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5694 Committee through the Clinical Data Monitoring Panel on its activities and  
5695 recommendations.  
5696

5697 **11.26 CRITICAL CARE COMMITTEE**  
5698

5699 **11.26-1 Composition:** The Critical Care Committee shall have two Co-Chairs, one of  
5700 whom is a physician and the other a nurse. Members of the Committee shall  
5701 include, but not be limited to, the medical directors and nurse managers of each  
5702 critical care unit; a broad representation of the specialties using the critical care units;  
5703 and at least one representative each from Anesthesiology, Medical Center  
5704 Administration and Clinical Social Work.  
5705

5706 **11.26-2 Duties:**  
5707

5708 **11.26-2.1** To provide a forum for Association members and Medical Center  
5709 personnel to discuss issues related to critical care;  
5710

5711 **11.26-2.2** To recommend policies, procedures and process improvements for  
5712 appropriate delivery of critical care services including formulation of physician  
5713 order sets;  
5714

5715 **11.26-2.3** To collect data on important critical care processes, analyze the data  
5716 and make recommendations for improvement in patient care;  
5717

5718 **11.26-2.4** To assess equipment needs; and  
5719

5720 **11.26-2.5** To participate in the long-range planning and physical development of  
5721 the critical care units.  
5722

5723  
5724 **11.26-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5725 permanent record of its proceedings and actions, and shall submit at least a  
5726 quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5727 Committee through the Clinical Data Monitoring Panel on its activities and  
5728 recommendations.  
5729

5730 **11.27 PEDIATRIC CRITICAL CARE COMMITTEE**  
5731

5732 **11.27-1 Composition:** The Pediatric Critical Care Committee shall consist of at least  
5733 physician representatives from the Neonatal Intensive Care Unit, the Pediatric  
5734 Intensive Care Unit, the Pediatric Emergency Department and Anesthesiology;  
5735 Nurse Managers from the Neonatal Intensive Care Unit, the Pediatric Intensive Care  
5736 Unit, the Pediatric Emergency Department and the Pediatric Ward; Clinical Nurse  
5737 Specialists assigned to the Neonatal Intensive Care Unit, Pediatric Intensive Care  
5738 Unit and Pediatric Emergency Department; representatives from Pharmacy and

Respiratory Therapy Services; and other clinical and administrative representatives as needed. The Committee is co-chaired by one of the physician representatives and one of the Nurse Managers.

**11.27-2 Duties**

**11.27-2.1** To propose, develop, revise and/or implement procedures and policies for improving care of neonates, infants and children;

**11.27-2.2** To review actions proposed by other Committees, both those within the Institution and within DHS, analyze how these will impact the care of neonates, infants and children and make recommendations as needed;

**11.27-2.3** To improve communication among the various services and units that provide care for neonates, infants and children;

**11.27-2.4** To review policies that impact the care of neonates, infants and children;

**11.27-2.5** To work with other Committees to improve the care of neonates, infants and children; and

**11.27-2.6** To analyze specific patient safety issues, sharing findings with appropriate bodies and taking corrective action when indicated.

**11.27-3 Meetings:** The Pediatric Critical Care Committee shall meet at least once quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Pediatrics Quality Improvement Committee and the Executive Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

**11.28 CARDIOPULMONARY RESUSCITATION COMMITTEE**

**11.28-1 Composition:** The Cardiopulmonary Resuscitation Committee shall include at least two (2) members of the Association, at least one (1) of whom is a specialist in critical care or emergency medicine, and at least one (1) representative from Nursing.

**11.28-2 Duties:**

**11.28-2.1** To collect data on those patients for whom Code Blue and Code White calls are made;

**11.28-2.2** To use the data on individual codes to evaluate the processes taken in managing resuscitation efforts including the appropriateness of care provided and documentation;

**11.28-2.3** To refer individual cases to departments for peer review when the findings indicate more intensive analysis is required;

5789 **11.28-2.4** To make recommendations for improvement in systems problems  
5790 identified from the review of codes; and  
5791

5792 **11.28-2.5** To assess resuscitation equipment needs and make recommendations  
5793 if any deficiencies are identified.  
5794

5795 **11.28-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5796 permanent record of its proceedings and actions, and shall submit at least a  
5797 quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5798 Committee through the Clinical Data Monitoring Panel on its activities and  
5799 recommendations.  
5800

5801 **11.28 NUTRITION COMMITTEE**  
5802

5803 **11.29-1 Composition:** The Nutrition Committee shall consist of at least one (1)  
5804 member each from Medicine, Surgery, Pediatrics, Family Medicine and Obstetrics  
5805 and Gynecology and at least one (1) representative from Nursing, Pharmacy and  
5806 Medical Center Administration, and at least two (2) representatives from  
5807 contractor(s) who provide nutritional services. The members are selected to  
5808 represent the major clinical departments as well as ambulatory, inpatient and  
5809 intensive care areas. In general, Committee members have special interest and  
5810 expertise in nutritional support.  
5811

5812 **11.29-2 Duties:** The duties of the Committee include, but are not necessarily limited to  
5813 the following:  
5814

5815 **11.29-2.1** To oversee provision of food for patients, Medical Center staff and the  
5816 public;  
5817

5818 **11.29-2.2** To formulate institutional standards of care and cost-effectiveness  
5819 policies and guidelines for nutritional services including the use of parenteral  
5820 and enteral nutrition;  
5821

5822 **11.29-2.3** To integrate and review policies and procedures for all departments  
5823 that participate in the provision of food, nutrition services and education;  
5824

5825 **11.29-2.4** To provide resources for educating Association and Medical Center  
5826 staff about nutritional science, including parenteral and enteral nutrition  
5827 therapy;  
5828

5829 **11.29-2.5** To evaluate and approve parenteral and enteral products ("Nutrition  
5830 Formulary") as well as delivery systems for use in the Medical Center;  
5831

5832 **11.29-2.6** To participate in performance improvement activities and maintain a  
5833 reporting structure to identify and resolve issues related to nutrition; and  
5834

5835 **11.29-2.7** To assist Medical Center Administration in reviewing proposals and  
5836 making recommendations for provision of contract nutritional services;  
5837

5838 **11.29-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5839 permanent record of its proceedings and actions, and shall submit at least a



quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

### **11.30 ORGAN AND TISSUE DONOR COUNCIL**

#### **11.30-1 Composition**

The Organ and Tissue Donor Council is a multi-disciplinary committee comprised of individuals who work together to facilitate end-of-life decisions and the organ donation process. Representatives from each of the following disciplines are represented:

- 11.30-1.1** Physicians from each critical care unit of the Medical Center, the Trauma Service, and the Emergency Department;
- 11.30-1.2** Transplant Nephrology;
- 11.30-1.3** Nursing Management from the areas listed above and the Operating Room;
- 11.30-1.4** Medical Center Administration
- 11.30-1.5** Quality Assessment Resource Management;
- 11.30-1.6** Clinical Social Work;
- 11.30-1.7** Ethics;
- 11.30-1.8** Tissue Bank/Pathology and Laboratory Medicine; and
- 11.30-1.9** Organ Procurement Organization (OPO)

#### **11.30-2 Purpose**

The purpose of the Council is to oversee the organ, eye, and tissue donation process at the Medical Center with these specific aims:

- 11.30-2.1** Optimizing the donor process to maximize organ recovery with the ultimate goal of saving recipient lives;
- 11.30-2.2** Ensuring compliance with state and national guidelines for tissue and organ donation;
- 11.30-2.3** Making donation a priority and part of the fabric and culture of the Medical Center;
- 11.30-2.4** Providing education regarding organ donation to Medical Center staff, patients, and families; and
- 11.30-2.5** Fostering a humane, supportive end of life process for grieving families.

#### **11.30-3 Duties and Responsibilities:**

- 11.30-3.1** Providing leadership for the organ donation process at the Medical Center;

5890 **11.30-3.2** Ensuring that donation practices are in compliance with standards set  
5891 by the Center for Medicare/ Medicaid Services, Joint Commission, FDA,  
5892 United Network for Organ Sharing (UNOS), Los Angeles County Department  
5893 of Health Services and California Health and Safety codes;

5894  
5895 **11.30-3.3** Reviewing the Medical Center's compliance with OPO referrals for all  
5896 patient mortalities. Data is benchmarked to national best practices with the  
5897 aims of continued quality improvement of the organ donation process;

5898  
5899 **11.30-3.4** Reviewing all cases where an organ donation approach is performed  
5900 (whether it proceeds to donation or not). The social aspects and clinical  
5901 management of each case are analyzed to ensure smoothness in the  
5902 process and/or identify areas of care which could be improved;

5903  
5904 **11.30-3.5** Becoming familiar with clinical best practices for the management of  
5905 the potential organ donor and working to ensure these practices are upheld at  
5906 the Medical Center;

5907  
5908 **11.30-3.6** Spearheading educational efforts related to organ donation. This  
5909 includes the ongoing education of medical staff, providing CME and CEU  
5910 opportunities, orienting new employees, and organizing or promoting local  
5911 educational conferences;

5912  
5913 **11.30-3.7** Serving as the community liaison for the Medical Center and helping to  
5914 promote National Donate Life Month and community events celebrating  
5915 donors and their families; and

5916  
5917 **11.30-3.8** Working to provide support for grieving families in conjunction with the  
5918 Medical Center's Palliative Care program as needed.  
5919

5920 **11.30-4 Meetings**

5921  
5922 The Council shall meet at least quarterly, shall maintain a permanent record of its  
5923 proceedings and actions, and shall submit at least a quarterly report (meeting  
5924 minutes will suffice for this purpose) to the Executive Committee through the Clinical  
5925 Data Monitoring Panel on its activities and recommendations.  
5926

5927 **11.31 END STAGE RENAL DISEASE COMMITTEE**

5928  
5929 **11.31-1 Composition:** The End Stage Renal Disease Committee shall consist of at  
5930 least two (2) members from the Division of Nephrology and at least one (1)  
5931 representative each from the Dialysis Unit, Nursing, Clinical Social Work, the Urology  
5932 and Vascular Surgery divisions, Medical Center Administration and Nutrition  
5933 Services.  
5934

5935 **11.31-2 Duties:**

5936  
5937 **11.31-2.1** Serve as a forum for discussing issues related to end stage renal  
5938 disease, chronic dialysis management and transplantation;  
5939

5940 **11.31-2.2** Collect and analyze data related to chronic dialysis treatment  
5941 performed in the Medical Center;

5942  
5943 **11.31-2.3** Make recommendations for improvement of care given to patients  
5944 including, but not limited to, vascular access, temporary dialysis catheters,  
5945 peritoneal dialysis catheters and dialysis treatments (including nutritional  
5946 management, blood pressure control, and dialysis water cultures);  
5947

5948 **11.31-2.4** Collect and analyze data related to the living and deceased donor  
5949 renal transplant program including the initial three (3) month care rendered to  
5950 patients, complications of surgery and medications, transplant evaluations,  
5951 transplant workups in progress, and re-evaluations of listed patients; and  
5952

5953 **11.31-2.5** Review, analyze and make recommendations for improvement related  
5954 to the OPO reports of organ donations at the Medical Center, donors  
5955 referred, donors recovered, educational activities and other quality  
5956 improvement studies.  
5957

5958 **11.31-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5959 permanent record of its proceedings and actions, and shall submit at least a  
5960 quarterly report (meeting minutes will suffice for this purpose) to the Executive  
5961 Committee through the Clinical Data Monitoring Panel on its activities and  
5962 recommendations.  
5963

5964 **11.32 MULTIDISCIPLINARY TRAUMA PEER REVIEW COMMITTEE**  
5965

5966 **11.32-1 Composition:** The Trauma Performance Improvement Committee shall consist  
5967 of at least eight (8) members from the departments of Emergency Medicine  
5968 (Pediatric and Adult), Surgery (General Surgery and Neurosurgery), Orthopaedic  
5969 Surgery, Radiology and Anesthesiology; at least one (1) representative each from  
5970 the Nursing Department, Trauma Service staff and Medical Center Administration;  
5971 and other physician and non-physician members as deemed necessary.  
5972

5973 **11.32-2 Duties:**  
5974

5975 **11.32-2.1** Collect and provide multidisciplinary review of data regarding the  
5976 management of trauma patients;  
5977

5978 **11.32-2.2** Develop and discuss methods to improve both the process and  
5979 outcomes of care of trauma patients at the Medical Center in a  
5980 multidisciplinary fashion; and  
5981

5982 **11.32-2.3** Monitor performance within the community-wide and national trauma  
5983 system.  
5984

5985 **11.32-3 Meetings:** The Committee shall meet at least quarterly, shall maintain a  
5986 permanent record of its proceedings and actions, shall submit at least a quarterly  
5987 report (meeting minutes will suffice for this purpose) to the Surgery Quality  
5988 Improvement Committee and the Executive Committee through the Professional  
5989 Performance Panel on its activities and recommendations and shall share findings

and recommendations with and refer issues for peer review to individual clinical departments or divisions as deemed necessary.

### **11.33 AMBULATORY CARE QUALITY IMPROVEMENT COMMITTEE**

**11.33-1 Composition:** The Ambulatory Care Quality Improvement Committee shall consist of at least the Associate Medical Director for Ambulatory Care, who shall serve as chair, representative clinic medical directors, representative clinic nurse managers, the Ambulatory Care Quality Improvement Coordinator, and a representative from Hospital Information Management.

**11.33-2 Duties:** The Committee has oversight responsibility for the Medical Center's Ambulatory Care Quality Improvement Plan. The Committee receives, reviews and analyzes ambulatory care performance improvement findings.

**11.33-3 Meetings:** The Committee meets at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the Clinical Data Monitoring Panel on its activities and recommendations.

### **11.35 INTERDISCIPLINARY PRACTICES COMMITTEE**

**11.35-1 Composition:** The Interdisciplinary Practices Committee (IDPC) shall consist of, at a minimum, the Chief Nursing Officer or his/her designee, the Chief Executive Officer or designee, and an equal number of physicians appointed by the Executive Committee and registered nurses appointed by the Chief Nursing Officer, each of whom shall have a vote. Licensed or certified health professionals other than registered nurses who perform functions requiring standardized procedures or who are granted service authorizations shall be included in the Committee with vote only for matters under the scope of their license. The chair of the Committee shall be a physician member of the Active Staff.

#### **11.35-2 Duties:**

**11.35-2.1** To recommend policies and procedures for the granting of expanded practice privileges including, but not limited to, the following:

**11.35-2.1-a** evaluating the need for and appropriateness of the performance of in-hospital services by allied health professionals (AHPs);

**11.35-2.1-b** determining which disciplines will be allowed to practice in the expanded roles;

**11.35-2.1-c** developing departmental procedures for reviewing credentials and granting or rescinding practice privileges;

**11.35-2.1-d** identifying functions and/or procedures which require the formulation and adoption of standardized procedures under Section 2725 of the Business and Professions Code in order for them to be performed by expanded role practitioners;

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- 11.35-2.1-e** securing recommendations from members of the Association in the medical specialty, or clinical field of practice under review, and from persons in the appropriate non-physician category who practice in the clinical field or specialty under review when developing and evaluating practice protocols; and
  - 11.35-2.1-f** maintaining clear lines of responsibility of the Department of Nursing for nursing care of patients of the Association for medical services in the Medical Center;
  - 11.35-2.2** To encourage and initiate the preparation and approval of standardized procedures by appropriate groups in each department;
  - 11.35-2.3** To review standardized procedures and recommend approval by the Credentials and Executive Committees;
  - 11.35-2.4** To ensure the appropriate monitoring, evaluation and documentation of clinical competency of expanded role practitioners by the departments;
  - 11.35-2.5** To evaluate and make recommendations regarding:
    - 11.35-2.5-a** the mechanism for evaluating the qualifications and credentials of AHPs who are eligible to apply for and provide in-hospital services;
    - 11.35-2.5-b** the minimum standards of training, education, character, competence, and overall fitness of AHPs eligible to apply for the opportunity to perform in-hospital services;
    - 11.35-2.5-c** identification of in-hospital services which may be performed by an AHP, or category of AHPs, as well as any applicable terms and conditions thereon; and
    - 11.35-2.5-d** the professional responsibilities of AHPs who have been determined eligible to perform in-hospital services.
  - 11.35-2.6** To evaluate and report on whether in-hospital services proposed to be performed or actually performed by AHPs are inconsistent with the rendering of quality medical care and with the responsibilities of members of the Association;
  - 11.35-2.7** To evaluate and report on the effectiveness of supervision requirements imposed upon AHPs who are rendering in-hospital services;
  - 11.35-2.8** To periodically evaluate and report on the efficiency and effectiveness of in-hospital services performed by AHPs; and
  - 11.35-2.9** To perform additional functions consistent with the requirements of law and regulation.

**11.35-3 Meetings:** The IDPC shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee through the Credentials Committee on its activities and recommendations.

**11.36 MEDICAL STAFF CONTRACTS REVIEW COMMITTEE**

**11.36-1 Composition**

The Medical Staff Contract Review Committee shall be composed of no less than three (3) members of the Active Staff who do not hold exclusive contracts, including at least one officer.

**11.36-2 Duties**

**11.36-2.1** The Committee shall review and make recommendations to the Governing Body regarding quality of care issues related to exclusive arrangements for physician and/or professional services, prior to any decision being made, in the following situations:

**11.36-2.1-a** the decision to execute an exclusive contract in a previously open department or service;

**11.36-2.1-b** the decision to renew or modify an exclusive contract in a particular department or service;

**11.36-2.1-c** the decision to terminate an exclusive contract in a particular department or service.

**11.36-2.2** The Committee shall also review and make recommendations to the Governing Body regarding quality of care issues related to the selection, performance evaluation, and any change in retention or replacement of physicians with whom the hospital has a contract. Prior to any decision being made, the Governing Body shall be required to review and approve the recommendations of the Committee regarding these contracts, which approval shall not be unreasonably withheld.

**11.36-2.3** When reviewing contracts within the purview of the Medical Staff Contracts Review Committee, the Committee shall request the Medical Center to present to it evidence of the need for a contract by:

**11.36-2.3-a** identifying in writing the patient care needs to be met by the contract;

**11.36-2.3-b** discussing with the affected Association department, division or committee potential alternatives to a contract that may be equally effective in meeting patient care needs, and if none are acceptable to the Administration;



6141 **11.36-2.3-c** inviting the chairs of the affected Association  
6142 departments, divisions or committees to the Committee  
6143 meeting to discuss the need for a contract.  
6144

6145 **11.36-2.4** The Committee shall report on the status of its work at each annual  
6146 Association meeting.  
6147

6148 **11.36-3 Meetings**  
6149

6150 The Committee shall hold meetings at such intervals as the chair or the Executive  
6151 Committee may deem appropriate, shall maintain a permanent record of its  
6152 proceedings and actions, and shall submit a report (meeting minutes will suffice for  
6153 this purpose) to the Executive Committee on its activities and recommendations.  
6154

6155 **11.37 PROCEDURAL SEDATION OVERSIGHT COMMITTEE**  
6156

6157 **11.37-1 Composition:** The Procedural Sedation Committee shall consist of at least  
6158 physician representatives from the Departments of Anesthesiology, Emergency  
6159 Medicine, Medicine, Pediatrics, Surgery and Radiology, Pharmacy and at least one  
6160 representative from the Department of Nursing. The Committee is chaired by a  
6161 representative from the Department of Anesthesiology.  
6162

6163 **11.37-2 Duties**  
6164

6165 **11.37-2.1** To propose, develop, revise and/or implement procedures and policies for  
6166 procedural sedation;  
6167

6168 **11.37-2.2** To review actions related to procedural sedation proposed by other  
6169 Committees, both those within the Institution and within DHS, analyze how these  
6170 will impact patient care and make a recommendation;  
6171

6172 **11.37-2.3** To review and approve resident and faculty training for procedural  
6173 sedation;  
6174

6175 **11.37-2.4** To delineate the criteria for privileging procedural sedation;  
6176

6177 **11.37-2.5** To monitor procedural sedation in the Medical Center, including any  
6178 complications related to procedural sedation and make recommendations as  
6179 appropriate; and  
6180

6181 **11.37-2.6** To analyze specific procedural sedation patient safety issues and sharing  
6182 findings with other Medical Staff Committees, including the Department of  
6183 Anesthesiology Quality Improvement Committee.  
6184

6185 **11.37-3 Meetings**  
6186

6187 The Procedural Sedation Committee shall meet at least once quarterly, shall  
6188 maintain a permanent record of its proceedings and actions, and shall submit  
6189 reports to the Clinical Data Monitoring Panel on its activities. The Committee will  
6190 also provide a report regarding the complications of procedural sedation to the  
6191 Department of Anesthesiology Quality Improvement Committee.

6192  
6193  
6194 **11.38 OTHER COMMITTEES**  
6195

6196 The President and/or Executive Committee, in mutual consultation, may establish and  
6197 appoint other standing committees and/or special or *ad hoc* committees when deemed  
6198 necessary. The appointment of such committees shall include the following:  
6199

6200 **11.38-1** The members of the committee and its chair;  
6201

6202 **11.38-2** The exact charge for which the committee is formed;  
6203

6204 **11.38-3** To whom and when the committee shall report concerning its deliberations  
6205 and/or actions and recommendations; and  
6206

6207 **11.38-4** The duration of service of the committee.  
6208  
6209

6210 ARTICLE XII  
6211

6212 MEETINGS  
6213

6214 **12.1 ANNUAL ASSOCIATION MEETING**  
6215

6216 **12.1-1 Notice**  
6217

6218 There shall be an annual meeting of the members of the Association held annually.  
6219 The election of officers of the Association and Association Members at Large shall  
6220 take place at this meeting. Notice of this meeting and its agenda items (including  
6221 reference to executive session but excluding the items to be discussed) shall be  
6222 given to the members at least ten (10) days prior to the meeting.  
6223

6224 **12.1-2 Agenda**  
6225

6226 The agenda for the annual meeting shall be determined by the President and  
6227 Executive Committee and shall include, insofar as feasible:  
6228

6229 **12.1-2.1** Call to order;  
6230

6231 **12.1-2.2** Acceptance of the minutes as amended, if needed, of the last annual  
6232 and of all intervening special meetings;  
6233

6234 **12.1.2-3** Unfinished business;  
6235

6236 **12.1-2.4** Report from the Chief Medical Officer and/or Chief Executive Officer;  
6237

6238 **12.1-2.5** Report from the President;  
6239

6240 **12.1-2.6** Report from the Secretary-Treasurer;  
6241

6242 **12.1-2.7** Reports on the overall results of quality review;

**12.1-2.8** Adoption and amendment of bylaws and other Association documents,  
as needed;

**12.1-2.9** New business;

**12.1-2.10** Election of officers and Association Members at Large; and

**12.1-2.11** Adjournment

Where the Association is being asked to consider or review a document, a copy of the document shall be appended to the agenda accompanying the notice of the annual or special Association meeting. Drafts of any documents considered or to be considered at any Association meeting shall be available to any Association member upon request. Further, any proposal considered at the meeting shall be accompanied by a clear explanation as to the source of the proposal and why that proposal is needed.

Except as otherwise stated in these Bylaws, no business shall be transacted at any Association meeting unless it is identified in the agenda accompanying the notice calling the meeting. In the event an emergent or urgent issue arises after the agenda is set, and action on that issue is necessary, any action taken shall be ratified by the Association at the next properly constituted meeting.

## **12.2 SPECIAL ASSOCIATION MEETINGS**

### **12.2-1 Calling of Special Meeting**

Special meetings of the Association may be called at any time by the President or the Executive Committee. The President shall call a special meeting within thirty (30) days after receipt by him/her of a written request for same signed by at least twenty percent (20%) of Active Staff members addressed to the President and stating the purpose for such meeting. Notice including the stated purpose of the meeting shall be provided as in Section 12.4 below. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

### **12.2-2 Agenda**

The agenda at a special meeting shall be:

**12.2-2.1** Reading of the notice calling the meeting;

**12.2-2.2** Transaction of business for which the meeting was called; and

**12.2-2.3** Adjournment.

## **12.3 COMMITTEE AND DEPARTMENT MEETINGS**

### **12.3-1 Regular Meetings**

Committees and departments may, by resolution, provide the time for holding regular meetings, and no notice other than such resolution shall then be required. Each department shall hold regular meetings at least quarterly to review and evaluate the clinical activities of the department.

### **12.3-2 Special Meetings**

A special meeting of any committee or department may be called by, or at the request of, the chair thereof, the President, or by one-third of the group's current members eligible to vote but not less than two (2) members.

## **12.4 NOTICE OF MEETINGS**

Except as otherwise specified in these bylaws, written or printed notice stating the place, day, and hour of any Association meeting or of any committee or department meeting not held pursuant to resolution shall be delivered either personally or by email, facsimile, United States mail or County mail to each person entitled to be present no less than seven (7) days nor more than twenty (20) days before the date of such meeting, except that notice of the annual Association meeting shall be delivered at least ten (10) days prior to the meeting. If mailed by email, the notice of the meeting shall be deemed delivered when the email is submitted and addressed to any identified or preferred email address submitted by the member on file in the Association Office. If sent by facsimile, the notice of the meeting shall be deemed delivered when the facsimile is submitted and directed to the facsimile number on file in the Association Office. If mailed by United States mail, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each person entitled to such notice at his/her address as it appears on file in the Association Office. If mailed by County mail, the notice of the meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution Center addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center

## **12.5 QUORUM**

### **12.5-1 Amending these Bylaws**

The presence of ten (10) Association members accorded the right to vote as described in Article III responding in person at any annual or special meeting of the Association shall be required for the purpose of amending these bylaws pursuant to the procedure described in Article XIX.

### **12.5-2 Election or Removal of Officers or Association Members at Large**

The presence of ten (10) Association members accorded the right to vote as described in Article III responding in person at any annual or special meeting of the Association shall be required for the purpose of the election or removal of Association officers pursuant to the procedures described in Sections 9.4, 9.7 or 11.2-3.

### **12.5-3 Reduction or Elimination of Dues or Assessments**

6344 The presence of ten (10) Association members accorded the right to vote as  
6345 described in Article III responding in person at any special meeting of the Association  
6346 shall be required for the purpose of reducing or eliminating any dues or assessments  
6347 pursuant to the procedures described in Section 15.4.  
6348

6349 **12.5-4 Actions at Executive and Credentials Committees**  
6350

6351 The presence of at least 50% of the voting members shall be required for any actions  
6352 taken at the Credentials or Executive Committees.  
6353

6354 **12.5-5 Actions at Other Meetings**  
6355

6356 Except as provided for in Subsections 12.5-1 through 12.5-4, the presence of at least  
6357 three (3) voting members of the Association shall constitute a quorum for all actions  
6358 taken at Association, department or committee meetings.  
6359

6360 **12.6 CONDUCT OF MEETINGS**  
6361

6362 All meetings shall be conducted according to these bylaws. Where not otherwise  
6363 specified, the latest edition of Robert's Rules of Order or The Standard Code of  
6364 Parliamentary Procedure, the choice of which to be at the discretion of the presiding  
6365 officer of the meeting, shall prevail, provided that any technical departure from such  
6366 rules, as determined in the sole judgment of the presiding officer, shall not invalidate any  
6367 action taken at a meeting.  
6368

6369 **12.7 VOTING AND MANNER OF ACTION**  
6370

6371 **12.7-1 Voting**  
6372

6373 Unless otherwise specified in these bylaws, only members of the Association  
6374 accorded the right to vote as described in Article III may vote in Association or  
6375 department elections and at Association, department and committee meetings  
6376 except as may otherwise be specified in these bylaws. With the exception for  
6377 matters voted upon by the Executive Committee, voting may be accomplished by  
6378 email or other electronic and/or telephone means where permitted by the chair of the  
6379 meeting, so long as adequate precautions are in place to ensure authentication and  
6380 security.  
6381

6382 **12.7-2 Manner of Action**  
6383

6384 Except as otherwise specified in these bylaws, the action of a majority of the voting  
6385 members present and voting at any meeting at which a quorum is present shall be  
6386 the action of the group. Members may be present at a meeting by electronic or  
6387 telephonic means where permitted by the chair of the meeting. A meeting at which a  
6388 quorum is initially present may continue to transact business notwithstanding the  
6389 withdrawal of members, if any action taken is approved by at least a majority of the  
6390 required quorum for such meeting, or such greater number as may be specifically  
6391 required by these bylaws. Committee action may be conducted by telephone  
6392 conference or other electronic communication which shall be deemed to constitute a  
6393 meeting for the matters discussed in that telephone or virtual conference.  
6394

6395 **12.8 MINUTES**

6396  
6397 Minutes of all meetings shall be prepared and maintained in a permanent record and  
6398 shall include a record of attendance and the vote taken on each matter. Further, the  
6399 minutes shall include the names of those who disclosed potential conflicts of interest and  
6400 those who recused themselves. Minutes of all Association meetings (except the minutes  
6401 relating to peer review and matters discussed in executive session), shall be available to  
6402 any Association member upon request. The minutes shall be signed by the presiding  
6403 officer and forwarded to the Executive Committee. The Association Office shall maintain  
6404 a permanent file of the minutes of Association and committee meetings, and each  
6405 department shall maintain a permanent file of the minutes of department meetings.  
6406

6407 **12.9 ATTENDANCE REQUIREMENTS**

6408  
6409 **12.9-1 Association Meetings**

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6411 The representatives of each department or the representative's alternate, as  
6412 appointed pursuant to Section 10.4-1.22, shall be required to attend all annual and  
6413 special Association meetings during their term of office. They shall have the duty of  
6414 reporting to their departments on the proceedings and actions of such meetings. All  
6415 other Association members are encouraged to attend all annual and special  
6416 Association meetings. Other interested persons may also attend at the discretion of  
6417 the President. Attendance via web conferencing or electronic means shall be  
6418 accepted.  
6419

6420 **12.9-2 Committee and Department Meetings**

6421  
6422 Each member in the Active Staff category and each member in the Provisional Staff  
6423 category who  
6424

- 6425 1. is employed at least forty (40) hours per week as a County Civil Service  
6426 employee, whether classified or unclassified;  
6427  
6428 2. provides health services at the Medical Center at least forty (40) hours per  
6429 week under a contract which he/she has entered into with the County to  
6430 provide health services at the Medical Center; or  
6431  
6432 3. provides health services at the Medical Center at least forty (40) hours per  
6433 week under a contract of a non-County entity to provide health services at  
6434 the Medical Center  
6435

6436 shall be required to attend not less than fifty (50) percent of all meetings of each  
6437 committee or department of which he/she is a member in each Association Year.  
6438

6439 **12.9-3 Absence from Meetings**

6440  
6441 Any member so required to attend who is compelled to be absent from any  
6442 Association, committee, department or division meeting shall submit to the presiding  
6443 officer thereof the reason for such absence. Failure to meet the attendance  
6444 requirements of Subsections 12.9-1 or 12.9-2, unless excused by such presiding  
6445 officer for good cause shown, may be grounds for corrective action as set forth in



Article VI, and including, in addition, removal from such committee, department or division. Presiding officers of such meetings shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

#### **12.9-4 Special Appearance**

At the discretion of the chair or presiding officer, when a member's practice or conduct is scheduled for discussion at a committee, department or division meeting, the member shall be so notified by the committee or department chair or division chief and shall be required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified mail, return receipt requested, at least seven (7) days prior to the meeting, and shall include a statement that his/her attendance at the meeting at which the alleged deviation is to be discussed is mandatory. The member shall be provided access to clinical information relating to the meeting no later than five (5) days before any such meeting.

Failure of a member to attend any meeting with respect to which he/she was given notice that attendance is mandatory, unless excused by the President or the Executive Committee upon a showing of good cause, shall be a basis for corrective action. If the practitioner makes a written request for postponement, which is received by the President within five (5) days after the date of the notice and which is supported by an adequate showing that his/her absence will be unavoidable, his/her attendance and presentation may be excused and postponed by the committee or department chair or division chief, or by the President if the chair or chief is the practitioner involved, until not later than the next regular committee, department or division meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

#### **12.10 EXECUTIVE SESSION**

Executive session is a meeting of an Association committee, department, or division, or of the Association as a whole which only voting members of the relevant committee, department, division or Association as a whole who are members of the Association attend, unless others are expressly requested to attend by the member presiding at the meeting. Executive session may be called by the presiding member at the request of any Association member and shall be called by the presiding member pursuant to a duly adopted motion. Executive session may be called to discuss peer review issues, personnel issues, or any other sensitive issues requiring confidentiality.

### ARTICLE XIII

#### CONFIDENTIALITY, IMMUNITY AND RELEASES

#### **13.1 SPECIAL DEFINITIONS**

For the purposes of this Article, the following definitions shall apply:

**13.1-1 INFORMATION** means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, adequate physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

**13.1-2 REPRESENTATIVE** means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, division, service, board, council or committee thereof; any other medical staff organization and any member, officer, department, service, division, board, council, or committee thereof; any other health care facility or organization and any officer, department, service, division, board, council, or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.

**13.1-3 THIRD PARTY** means any person or organization providing information to any representative.

### **13.2 AUTHORIZATIONS AND CONDITIONS**

By applying for, or exercising, clinical privileges or providing specified patient care services within the Medical Center, a practitioner:

**13.2-1** Authorizes representatives of the County of Los Angeles, the Medical Center, and the Association to solicit, provide and act upon any information bearing upon, or reasonably believed to bear upon, his/her professional ability and qualifications;

**13.2-2** Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Medical Center and the Association;

**13.2-3** Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative of the Association or third party who acts in accordance with the provisions of this Article and would be immune from liability under Section 13.3; and

**13.2-4** Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, Association membership, the continuation of such membership and the exercise of clinical privileges or provision of specified patient care services at the Medical Center.

### **13.3 IMMUNITY FROM LIABILITY**

#### **13.3-1 For Action Taken**

Each representative of the County of Los Angeles, the Medical Center, or the Association, and all third parties, shall, to the fullest extent permitted by law, be indemnified and held harmless by the County of Los Angeles from any liability to any practitioner for any damages or other relief for any action taken or statements or

recommendations made within the scope of his/her duties exercised as a representative of the County of Los Angeles, the Medical Center, or the Association.

**13.3-2 For Providing Information**

Each representative of the County of Los Angeles, the Medical Center, or the Association, and all third parties, shall, to the fullest extent permitted by law, be indemnified and held harmless by the County of Los Angeles from any liability to any practitioner for any damages or other relief by reason of providing information, within the scope of his/her duties exercised as a representative of the County of Los Angeles, the Medical Center, or the Association, to a representative of the County of Los Angeles, the Medical Center, or the Association, or to any other health care facility or organization or medical staff organization concerning any practitioner who is, or has been, an applicant to or member of the Association or who did, or does, exercise clinical privileges or provide specified patient care services at the Medical Center.

**13.4 CONFIDENTIALITY OF INFORMATION**

**13.4-1 General**

Association, Department, Division or Committee minutes, files and records, including information regarding any member or applicant to this Association, shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where expressly required by law, or as otherwise provided in these bylaws.

**13.4-2 Breach of Confidentiality**

Inasmuch as effective peer review, the consideration of the qualifications of Association members and applicants to perform specific procedures, and the evaluation and improvement of the quality of patient care rendered in the Medical Center must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, or committees, except in conjunction with another medical staff organization or health care facility, professional society or licensing authority, is outside appropriate standards of conduct for the Association, violates the Association bylaws and shall be deemed disruptive to the operations of the Association and the Medical Center. If it is determined that such a breach has occurred or is likely to occur, the Medical Center or the Executive Committee may undertake such corrective action as it deems appropriate.

**13.4-3 Activities and Information Covered**

The confidentiality and immunity provisions of this Article shall apply to all acts, communications, reports, recommendations, and disclosures of any kind performed or made in connection with the activities of the Medical Center, the Association, or any other health care facility or organization or medical staff organization, concerning, but not limited to:

6598 **13.4-3.1** Applications for appointment, clinical privileges, or specified patient care  
6599 services;

6600  
6601 **13.4-3.2** Periodic reappraisals for reappointment, clinical privileges or specified  
6602 patient care services;

6603  
6604 **13.4-3.3** Corrective action;

6605  
6606 **13.4-3.4** Hearings and appellate reviews;

6607  
6608 **13.4-3.5** Performance data from the quality assessment and improvement  
6609 program;

6610  
6611 **13.4-3.6** Utilization reviews;

6612  
6613 **13.4-3.7** Other Medical Center, Association, department, division, or committee  
6614 activities related to monitoring and/or maintaining quality patient care and  
6615 appropriate professional conduct; and

6616  
6617 **13.4-3.8** Queries and reports concerning the National Practitioner Data Bank,  
6618 peer review organizations, the Medical Board of California, and similar  
6619 queries and reports.

6620  
6621 **13.5** RELEASES  
6622

6623 Each applicant or member shall, upon request of the Association or Medical Center,  
6624 execute general and specific releases in accordance with the express provisions and  
6625 general intent of this Article. Execution of such releases shall not be deemed a  
6626 prerequisite to the effectiveness of this Article.  
6627

6628 **13.6** INDEMNIFICATION OF THE ASSOCIATION  
6629

6630 Los Angeles County and the Medical Center shall indemnify, defend and hold harmless  
6631 the Association and its individual members from and against losses and expenses  
6632 (including attorneys' fees, judgments, settlements, and all other costs, direct or indirect)  
6633 incurred or suffered by reason of or based upon any threatened, pending or completed  
6634 action, suit, proceeding, investigation, or other dispute relating or pertaining to any  
6635 alleged act or failure to act within the scope of peer review or quality assessment  
6636 activities including, but not limited to,  
6637

6638 **13.6-1** acting as a member of or witness for an Association department, division,  
6639 committee or hearing panel;

6640  
6641 **13.6-2** acting as a member of or witness for the Medical Center or any Medical Center or  
6642 governing body task force, group, or committee; and

6643  
6644 **13.6-3** acting as a person providing information to any Association or Medical Center  
6645 group, officer, Governing Body member or employee for the purpose of aiding in the  
6646 evaluation of the qualifications, fitness or character of an Association member or  
6647 applicant.  
6648

The Association or member may seek indemnification for such losses and expenses under this bylaws provision, statutory and case law, any available liability insurance or otherwise as the Association or member sees fit, and concurrently or in such sequence as the Association or member may choose. Payment of any losses or expenses by the Association or member is not a condition precedent to Los Angeles County's or the Medical Center's indemnification obligations hereunder.

The County shall retain responsibility for the sole management and defense of any such claims, suits, investigations or other disputes against Indemnities including, but not limited to, the selection of legal counsel to defend against any such action. The indemnity set forth in this section 13.6 is expressly conditioned on Indemnities' good faith belief that their actions and/or communications are reasonable and warranted and in furtherance of the Association's peer review, quality assurance or quality improvement responsibilities in accordance with the purpose of the Association as set forth in these bylaws. In no event will the County indemnify any Indemnity for acts or omissions taken, or not taken, in bad faith or in pursuit of the Indemnities' private economic interests.

#### ARTICLE XIV

#### RULES AND REGULATIONS AND POLICIES

##### **14.1 ASSOCIATION RULES AND REGULATIONS**

##### **14.1-1 Two Ways for Approval of Rules and Regulations**

Upon the request of a member of the Executive Committee, the President, any Association committee or Medical Center Administration, consideration shall be given by the Executive Committee to the adoption, amendment, or repeal of the Association rules and regulations subject to the approval of the Governing Body. Alternatively, upon timely written petition signed by at least thirty percent (30%) of the members of the Association in good standing who are entitled to vote as described in Article III, consideration shall be given at the next annual Association meeting or at a special meeting of the Association called for such purpose pursuant to Section 12.2-1, to the adoption, amendment, or repeal of the Association rules and regulations subject to the approval of the Governing Body.

##### **14.1-2 Nature of Rules and Regulations**

Such rules and regulations shall be limited to procedural details and processes implementing these bylaws, shall not affect the organizational structure of the Association to be self-governing and shall not be inconsistent with these bylaws, Association policies or other policies of the Medical Center approved by the Executive Committee.

##### **14.1-3 Notification of Association Prior to Creating or Amending Rule**

Except as provided in Section 14.1-4, prior to the approval of an amendment to the rules and regulations, the Association members shall be notified and given an opportunity to review and comment on the proposed rule. This review and comment opportunity may be accomplished by posting proposed Rules in Association common areas such as Association offices, dining rooms and lounges, and on the Association website at

least ten (10) days prior to the scheduled Executive Committee meeting together with instructions how interested members may communicate comments. All comments shall be summarized and provided to the Executive Committee prior to Executive Committee action on the proposed Rule.

#### **14.1-4 Urgent Amendment to Rules**

When there is a documented need for an urgent amendment to the rules and regulations in order to comply with law or regulation, the Executive Committee may provisionally adopt and the Governing Body may provisionally approve an urgent amendment without prior notification to Association members. When such urgent amendment to the rules and regulations has been provisionally approved, the Association members shall be notified immediately and offered an opportunity to request a special meeting of the Association pursuant to the procedure provided in Section 12.2-1 to discuss the provisionally approved amendment. If there is no conflict between the Association and the Executive Committee regarding the provisional amendment, the amendment shall stand. If there is conflict over the provisional amendment, the members present at the special meeting of the Association entitled to vote shall vote to keep the amendment as stated or to modify the amendment and submit it to the Governing Body for action.

#### **14.1-5 Rule Generated by Petition**

Executive Committee approval is required to adopt, amend, or repeal such rules and regulations of the Association unless the proposed rule is one generated by petition of at least thirty-three (33) percent of the voting members of the Association. In this latter circumstance, if the Executive Committee fails to approve the proposed Rule, it shall notify the Association. The Executive Committee and the Association shall each have the option of invoking or waiving the conflict management provisions of Section 15.10. In the event of conflict between the Executive Committee and the Association (as represented by written petition signed by at least thirty-three (33) percent of the voting members of the Association) regarding a rule or policy proposed or adopted by the Executive Committee, the procedure described in Section 15.10-1 shall be followed.

**14.1-5.1** If conflict management is not invoked within thirty (30) days, it shall be deemed waived. In this circumstance, the Association's proposed Rule shall be submitted for vote, and, if approved by the Association, the proposed Rule shall be forwarded to the Governing Body for action. The Executive Committee may forward comments to the Governing Body regarding the reasons it declined to approve the proposed Rule.

**14.1-5.2** If conflict management is invoked, the proposed Rule shall not be voted upon or forwarded to the Governing Body until the conflict management process has been completed, and the results of the conflict management process shall be communicated to the Governing Body.

**14.1-5.3** With respect to proposed Rules generated by petition of the Association, approval of the Association requires the affirmative vote of a majority of the Association members eligible to vote voting on the matter by mailed secret ballot, provided at least ten (10) days advance written notice, accompanied



by the proposed Rule, has been given, and at least a number in excess of fifty (50) percent of the eligible votes has been cast.

#### **14.1-6 Governing Body Approval**

Following Executive Committee action, or whenever an Association rule or regulation has been adopted, amended, or repealed by the Association pursuant to the procedure described in Section 14.1-5, such rules and regulations shall become effective upon approval of the Governing Body, which approval shall not be withheld unreasonably, or automatically after thirty (30) days if no action is taken by the Governing Body. In the latter event, the Governing Body shall be deemed to have approved the rule(s) and regulation(s) adopted by the Association.

#### **14.1-7 Communication of Rule Changes to Members**

If changes are made in the rules and regulations, as determined by the Executive Committee, then the Association members and other persons with clinical privileges shall be provided with revised texts.

#### **14.1-8 Periodic Review of Rules**

Rules and regulations shall be reviewed and may be revised if necessary every two (2) years at a minimum. The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the Association rules and regulations.

### **14.2 POLICIES RELATED TO ASSOCIATION MATTERS**

Upon the request of the President, an Association Committee, or Medical Center Administration, consideration shall be given by the Executive Committee to the adoption, amendment, or repeal of Association policies including departmental policies and policies related to Association matters. If approved by the Executive Committee, such policies shall become official policies of the Association. Alternatively, upon timely written petition signed by at least thirty (30) percent of the members of the Association in good standing who are entitled to vote as described in Article III, consideration shall be given at the next annual Association meeting or at a special meeting of the Association called for such purpose pursuant to Section 12.2-1 to the adoption, amendment, or repeal of Association policies. Following approval by the Executive Committee or the Association, such policies shall become effective after which they are communicated to Association members.

Medical Center policies related to providing or monitoring patient care shall be submitted to the Executive Committee for approval. If approved by the Executive Committee, such policies shall become official policies of the Medical Center. Following approval by the Executive Committee, such policies shall become effective after which they are communicated to Association members.

### **14.3 EFFECT OF ASSOCIATION RULES AND REGULATIONS, ASSOCIATION POLICIES AND MEDICAL CENTER POLICIES APPROVED BY THE EXECUTIVE COMMITTEE**

Applicants and members of the Association shall be governed by properly initiated and adopted Association rules and regulations, Association policies and Medical Center policies approved by the Executive Committee. If there is any conflict between the bylaws and the rules and regulations or Association or Medical Center policies approved by the Executive Committee, the bylaws shall prevail. If there is any conflict between the rules and regulations and Association or Medical Center policies approved by the Executive Committee, the rules and regulations shall govern. If there is any conflict between Association policies and Medical Center policies approved by the Executive Committee, the Association policies shall prevail.

#### **14.4 DEPARTMENTAL RULES AND REGULATIONS OR POLICIES**

Subject to the approval of the Executive Committee and the Governing Body, each department shall adopt, amend, or repeal its own rules and regulations or policies for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations and policies shall not be inconsistent with these bylaws, the rules and regulations or policies of the Association, or other policies of the Medical Center approved by the Executive Committee. If there is any conflict between these bylaws, the Association Rules and Regulations or Association policies and such departmental rules and regulations or policies, the bylaws, Association Rules and Regulations or Association policies shall govern.

### **ARTICLE XV**

#### **GENERAL PROVISIONS**

##### **15.1 CONSTRUCTION OF TERMS AND HEADINGS**

Words used in these bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

##### **15.2 EXECUTIVE COMMITTEE ACTION**

Whenever these bylaws require or authorize action by the Executive Committee, such action may be taken by the PSA Review Committee or any other subcommittee of the Executive Committee to which the Executive Committee has delegated the responsibility and authority to act for it on the particular subject matter, activity or function involved.

##### **15.3 AUTHORITY TO ACT**

Action of the Association in relation to any person other than the members thereof shall be expressed only through the President or the Executive Committee or their designee, and they shall first confer with the Chief Executive Officer. Any member who acts in the name of the Association without proper authority shall be subject to such disciplinary action as the Executive Committee may deem appropriate.

##### **15.4 DUES OR ASSESSMENTS**

###### **15.4-1 Annual Determination of Dues or Assessments**

The Executive Committee shall have the power to determine the amount, if any, of the annual dues or special assessments for each Department and/or for each category of Association membership and to determine the manner of expenditure of such funds received. Such power shall include the ability to assess dues or assessments for each Department and/or member on a sliding scale basis, depending on the level of participation in Association activities by the Association member. The amount of annual dues charged will not exceed \$100 per member for each 2-year re-application cycle without convening a Special Meeting of the PSA with a vote supporting such action. The President shall notify all members of any approved dues or special assessments in writing, which will become effective thirty (30) days from the date of the President's letter unless the President receives a written request for a special meeting of the Association pursuant to the procedure provided in Section 12.2-1 to discuss the dues or assessments prior to the date they are scheduled to be effective. In that event, the dues or assessment will become effective on the day following the special meeting unless at that meeting, at which a quorum is achieved as described in Section 12.5-3, a simple majority of members present vote to reduce or eliminate the dues or assessment or to modify the sliding scale basis.

#### **15.4-2 Prompt Payment of Dues or Assessments**

Each Department member of the Association shall promptly pay annual dues or special assessments to the Association, if any dues or special assessments are approved and assessed pursuant to these bylaws.

#### **15.4-3 Control of Association Funds**

Association funds, regardless from what source (i.e., Association dues/assessments, Medical Center funds) shall be under the sole control of the Association. The Executive Committee shall collect all dues/assessments and shall deposit all dues/assessments and other funds in an account in a financial institution located in California to assure the Association the financial ability to solely administer those functions required under the bylaws. All Association members may at all reasonable times copy and inspect all bank statements and the quarterly financial statements prepared pursuant to Section 9.8-4.5.

The Association, through the Executive Committee, shall expend dues/assessment funds only for Association purposes as deemed appropriate and approved by the Executive Committee, provided that all expenditures of dues/assessment funds shall require the signature of the President or an individual authorized by the Executive Committee and, for expenditures over \$1,000, the Secretary-Treasurer, if any, or a second individual authorized by the Executive Committee.

#### **15.5 ASSOCIATION REPRESENTATION BY LEGAL COUNSEL**

Notwithstanding any other provision of these bylaws,

**15.5-1** Upon the authorization of the Association, or of the Executive Committee acting on its behalf, the Association may retain and be represented by independent legal counsel of its own choosing when necessary in order for the Association to exercise

its rights, obligations or responsibilities as described in California Business and Professions Code Section 2282.5. Such counsel, to the extent practicable, shall not be employed by a law firm representing the Medical Center or the County;

**15.5-2** The Association shall enter into a written engagement letter with the individual selected to be independent legal counsel affirming that the Association, not the Medical Center or the County, is the counsel's client, that the counsel represents solely the interests of the Association, and that the attorney-client privilege of confidentiality applicable to all communications between the counsel and the Association is held solely by the Association, regardless of whether the Association or a third party pays the counsel's fees. In the event the counsel is paid for by a third party, the counsel shall also provide a written assurance to the Association that he/she will permit no interference by the third party with his/her independence of professional judgment or with the attorney-client relationship, as required by State Bar of California Rules of Professional Conduct, Rule 3-310;

**15.5-3** The Association shall be solely liable and responsible for the independent legal counsel, including, without limitation, for payment of all related attorney fees, costs and expenses; and

**15.5-4** The County of Los Angeles shall have no liability or responsibility for the independent legal counsel, including, without limitation, for payment of any related attorney fees, costs and expenses.

## **15.6 NOTICES**

Except where specific notice provisions are otherwise provided in these bylaws, any and all notices, demands, requests required or permitted to be mailed shall be in writing properly sealed, and shall be sent through the United States Postal Service, first-class postage prepaid. An alternative delivery mechanism may be used if it is reliable, as expeditious, and if evidence of its use is obtained. Notice to the Association or officers or committees thereof shall be addressed as follows:

Name and proper title of addressee, if known or applicable  
Name of department, division or committee  
[c/o Medical Staff Office, President]  
Harbor-UCLA Medical Center  
1000 West Carson Street, Box 2  
Torrance, California 90502

Mailed notices to a member, applicant or other party, shall be to the addressee at the address as it last appears in the official records of the Association or the Medical Center.

## **15.7 DISCLOSURE OF INTEREST AND CONFLICT OF INTEREST RESOLUTION**

For the purposes of these bylaws, CONFLICT OF INTEREST means a personal or financial interest or conflicting fiduciary obligation that makes it impossible, as a practical matter, for the individual to act in the best interests of the Association without regard to the individual's private or personal interest. Such an interest may also be held by an immediate family member of that individual, including that individual's spouse, domestic partner, child or parent.

### **15.7-1 Conflict Resolution**

6955  
6956 **15.7-1.1** Not all disclosures of a potential conflict of interest require the member's  
6957 abstention or recusal. However, a member may abstain from voting on any  
6958 issue. A member shall recuse himself/herself if the member reasonably  
6959 believes that his/her ability to render a fair and independent decision is or may  
6960 be affected by a conflict of interest. A recused member shall not be counted in  
6961 determining the quorum for that vote but may answer questions or otherwise  
6962 provide information about the matter after disclosing the conflict. A recused  
6963 member must not be present for the remainder of the deliberations or the vote.  
6964

6965 **15.7-1.2** If a member has not voluntarily recused him/herself and a majority of  
6966 voting members of the committee or in the staff meeting vote that the member  
6967 should be excused from discussion or voting due to conflict of interest, the chair  
6968 shall excuse the member.  
6969

6970 **15.7-1-3** If a member discloses a potential conflict of interest and requests a vote  
6971 regarding excusing that member, the member shall leave the room while the  
6972 issue is being discussed and voted upon.  
6973

6974 **15.7-1.4** The minutes of the meeting shall include the names of those who  
6975 disclosed potential conflicts and those who abstained and/or recused  
6976 themselves.  
6977

#### 6978 **15.7-2 Corrective Action**

6979  
6980 Association members who fail to comply with all provisions of these bylaws concerning  
6981 actual or potential conflicts of interest shall be subject to corrective action under these  
6982 bylaws including, but not limited to, removal from the Association position.  
6983

### 6984 **15.8 ASSOCIATION CREDENTIALS AND PEER REVIEW FILES**

#### 6985 6986 **15.8-1 Location of Association Credentials Files and Peer Review Files**

##### 6987 6988 **15.8-1.1 Association Credentials File**

6989  
6990 The Credentials File, paper or electronic, for each member of the Association  
6991 shall be kept in the Association Office and/or in peer review and Association  
6992 electronic databases. These files shall be part of the records of the  
6993 Credentials Committee.  
6994

##### 6995 **15.8-1.2 Association Peer Review File**

6996  
6997 A separate Association Peer Review File(s), paper or electronic, for each  
6998 member of the Association shall be kept in the office of the chairperson(s) of  
6999 the member's assigned department and other departments in which the  
7000 member holds privileges and/or in peer review and Association electronic  
7001 databases except that the chairperson's own paper Peer Review File shall be  
7002 kept in the Association Office. These files shall be part of the records of the  
7003 Credentials Committee.  
7004

**15.8-2 Information to be Included in Association Credentials Files and Peer  
Review Files**

**15.8-2.1 Association Credentials File**

Information to be included in each member's Credentials Files shall consist  
of:

**15.8-2.1-a** The completed and verified application for Association membership including, but not limited to, current licensure or section 2113 certification, Drug Enforcement Administration (DEA) registration, National Practitioner Data Bank documents, state licensing board(s) documents, and information on training, experience, physical and mental health status, references, previous and current professional liability claims, and request for clinical privileges.

**15.8-2.1-b** Evidence that the Association evaluated and acted upon the information in a. above.

**15.8-2.1-c** Evidence that the Association evaluated and acted upon the findings from proctoring for initial membership and for additional privileges.

**15.8-2.1-d** Specific and current clinical privileges recommended by the Association and approved by the Governing Body.

**15.8-2.1-e** Information pertinent to reappraisal and reappointment including, but not limited to, completed and verified reapplication form, current licensure, Drug Enforcement Administration registration, National Practitioner Data Bank documents, state licensing board(s) documents, and information on additional training, current experience, continuing medical education, attendance at required meetings, physical and mental health status, professional liability claims, special professional commendations, honors and awards, and, where appropriate, compelling evidence of public-spirited, health-related activities and dedication to the welfare and interest of the community.

**15.8-2.1-f** Evidence that OPPE was completed and FPPE performed, if applicable.

**15.8-2.1-g** Evidence that the Association evaluated all the above information as well as assessed the current clinical competence for membership and privileges requested, and evidence that appropriate action was taken on reappointment and renewal of privileges.



**15.8-2.1-h** Evidence of any corrective action initiated including a summary by the Executive Committee of the resultant findings, recommendations and final outcome.

**15.8-2.2 Peer Review File**

Information to be included in each member's Peer Review File(s) shall consist of:

**15.8-2.2-a** Practitioner-specific data from Association monitoring and evaluation of clinical care which may include, but is not limited to, the member's statistical clinical activity profile, findings from peer review activities, outcome from clinical indicator review, blood and drug use review, medical record documentation and completeness reports, surgical indications monitoring, and individual proctoring reports.

**15.8-2.2-b** All records, including, but not limited to, letters, notices, reports, exhibits, transcripts, findings, and recommendations, relating to any corrective action instituted pursuant to Article VI (Evaluation and Corrective Action) of these bylaws.

**15.8-2.2-c** All records, including, but not limited to, letters, notices, reports, exhibits, transcripts, findings, and recommendations, relating to any hearing and appellate review instituted pursuant to Article VII (Hearing and Appellate Review Procedure) of these bylaws.

**15.8-2.2-d** Other information deemed pertinent by the chairperson(s) of the member's assigned department and other departments in which the member holds privileges or the President including, but not limited to, complaints or other adverse information related to the professional competence or professional conduct of a member, departmental findings and recommendations concerning such complaints or adverse information and results of member satisfaction surveys and managed care site reviews.

**15.8-2.2-e** OPPE documentation and, if applicable, FPPE reports.

**15.8-2.2-f** Statements provided by the member responding to any information contained in his/her Peer Review File(s).

**15.8-3 Insertion of Adverse Information into Credentials and Peer Review Files**

The following applies to actions relating to requests for insertion of adverse information into the member's Credentials or Peer Review File(s):

**15.8-3.1** As described in Section 6.2-3, any person may provide information to the Association about the conduct, performance or competence of its members.

7105  
7106 **15.8-3.2** When a request is made for insertion of adverse information into the  
7107 Association member's Credentials or Peer Review File, the respective  
7108 department chair and President shall review such a request.  
7109

7110 **15.8-3.3** After such review, a decision will be made by the respective department  
7111 chair and President to:  
7112

7113 **15.8-3.3-a** not insert the information;  
7114

7115 **15.8-3.3-b** notify the member of the adverse information by a  
7116 written summary and offer the opportunity to rebut this adverse  
7117 information before it is entered into the member's file; or  
7118

7119 **15.8-3.3-c** insert the information along with a notation that a  
7120 request has been made to the Executive Committee for an  
7121 investigation as outlined in Section 6.2-3 of these bylaws.  
7122

7123 **15.8-3.4** This decision shall be reported to the Executive Committee. The  
7124 Executive Committee, when so informed, may either ratify or initiate contrary  
7125 actions to this decision by a majority vote.  
7126

7127 **15.8-3.5** If corrective action is deemed appropriate in light of the information to be  
7128 included in the file, then the procedures in Article VI of these bylaws shall be  
7129 followed.  
7130

7131 **15.8-4 Review of Adverse Information in the Credentials File and Peer Review**  
7132 **File(s) at the Time of Reappointment**  
7133

7134 The following applies to the review of adverse information in a member's Credentials  
7135 File and Peer Review File(s) at the time of reappointment.  
7136

7137 **15.8-4.1** Following the procedures in Section 4.4 of these Bylaws, the member's  
7138 department chairperson(s), as part of his/her/their reappraisal function, or the  
7139 President, if the member is the department chairperson, shall review  
7140 information in the member's Credentials File and Peer Review File(s) before  
7141 making recommendations regarding reappointment and delineation of  
7142 privileges to the Credentials Committee.  
7143

7144 **15.8-4.2** If there is adverse information in the member's Credentials File or Peer  
7145 Review File(s), this shall be included in the report to the Credentials  
7146 Committee.  
7147

7148 **15.8-4.3** Prior to its recommendation on reappointment, the Credentials  
7149 Committee shall review any adverse information in the Credentials or Peer  
7150 Review File(s) and determine whether documentation in the file warrants  
7151 further action. With respect to such adverse information, if it does not appear  
7152 that an investigation and/or adverse action at the time of reappointment is  
7153 warranted, the Credentials Committee shall so inform the Executive  
7154 Committee. However, if an investigation and/or adverse action at the time of

reappointment is warranted, the Credentials Committee shall so inform the Executive Committee.

**15.8-4.4** No later than sixty (60) days following the Credentials Committee report to the Executive Committee on the member's reappointment, the Executive Committee shall, except as provided in 6) below:

**15.8-4.4-a** initiate a request for corrective action, based on such adverse information and on the Credentials Committee recommendation relating thereto, or

**15.8-4.4-b** cause the substance of such adverse information to be summarized and disclosed to the member.

**15.8-4.5** The member shall have the right to respond thereto in writing, and the Executive Committee may elect to remove such adverse information on the basis of such response.

**15.8-4.6** In the event that adverse information is not utilized as the basis for a request for corrective action, or disclosed to the members as provided herein, it shall be removed from the file and discarded, unless the Executive Committee, by a majority vote, determines that such information is required for continuing evaluation of the member's:

**15.8-4.6-a** character;

**15.8-4.6-b** current competence; or

**15.8-4.6-c** professional performance.

#### **15.8-5 Confidentiality**

The following applies to records of the Association and its departments, divisions and committees responsible for the evaluation and improvement of patient care:

**15.8-5.1** The records of the Association and its departments and committees responsible for the evaluation and improvement of the quality of patient care rendered in the Medical Center shall be maintained as confidential. These records include, but are not limited to, the Association Credentials Files and the Peer Review Files.

**15.8-5.2** Access to such records of the Association shall be limited to duly appointed officers and committees of the Association for the sole purpose of discharging Association responsibilities and subject to the requirement that confidentiality be maintained.

**15.8-5.2-a** Access to information in a member's Credentials File shall be limited to:

**15.8-5.2-a.1** the chairperson(s) of the member's assigned department and other departments in which the

member holds privileges; the President or his/her designee; the Credentials Committee; the Executive Committee; the Chair, Professional Performance Panel; and the Governing Body for the sole purpose of discharging Association responsibilities as determined by the President or the Executive Committee subject to the requirement that confidentiality shall be maintained,

**15.8-5.2-a.2** the particular member subject to the provisions in Section 15.8-5.3, and

**15.8-5.2-a.3** other persons or entities as required by law.

**15.8-5.2-b** Access to information in a member's Peer Review File(s) shall be limited to:

**15.8-5.2-b.1** the chairperson(s) of the member's assigned department and other departments in which the member holds privileges; the President or his/her designee; the Credentials Committee; the Executive Committee; and the Chair, Professional Performance Panel for the sole purpose of discharging Association responsibilities as determined by the President or the Executive Committee subject to the requirement that confidentiality shall be maintained,

**15.8-5.2-b.2** the particular member subject to the provisions in Section 15.8-5.3, and

**15.8-5.2-b.3** other persons or entities as required by law.

**15.8-5.3** A member shall be granted access to his/her own Credentials File or Peer Review File(s), subject to the following provisions:

**15.8-5.3-a** The member shall provide thirty (30) days prior written notice to the President or designated officer.

**15.8-5.3-b** The member may review, and receive a copy of, only those documents provided by or addressed personally to the member. In addition, the member may review his/her statistical clinical activity profile, statistics provided by the Quality Assessment Resource Management Department, and medical record deficiency reports. A summary of all other information, including, but not limited to, Association committee findings, letters of reference, proctoring reports, and complaints, shall be provided to the member, in writing, by the designated officer of the Association within thirty (30) days of the member's written request. Such summary shall disclose the substance, but not the source, of the information summarized.

7257 **15.8-5.3-c** The review by the member shall take place in the  
7258 Association Office during normal work hours with an  
7259 Association officer or his/her designee present.

7260  
7261 **15.8-5.3-d** In the event a notice of action or proposed action is  
7262 filed against a member, access to the member's Credential  
7263 and Peer Review File(s) shall be governed by Section 7.5-1.  
7264

7265 **15.8-5.4** Information which is disclosed to the Governing Body or its appointed  
7266 representatives—in order that the Governing Body may discharge its lawful  
7267 obligations and responsibilities—shall be maintained by that body as  
7268 confidential.  
7269

7270 **15.8-5.4-a Routine Reporting by Association Leadership**  
7271

7272 During the regular quarterly Joint Conference Committee  
7273 meetings as described in Section 11.4, there will be a verbal  
7274 report by the Association of its quality assessment and  
7275 improvement activities including peer review. The quarterly  
7276 report regarding the peer review process will include  
7277 aggregate information on the number of cases or events  
7278 reviewed broken down by department, the number of external  
7279 reviews conducted, conclusions from these reviews broken  
7280 down by categories, the number of practitioners for whom a  
7281 focused review or investigation was performed, and the  
7282 outcome of any such focused reviews or investigations  
7283 completed during the quarter.  
7284

7285 **15.8-5.4-b Association Leadership Response to Inquiry by**  
7286 **Governing Body**  
7287

7288 In the event the Governing Body should have concerns  
7289 whether the Association has failed to fulfill a substantive duty  
7290 or responsibility in matters pertaining to the quality of care in  
7291 peer review, the Governing Body shall send a request to the  
7292 President for information regarding the peer review activities  
7293 regarding a specific physician or event(s) identified.  
7294

7295 The President and/or his/her designee(s) shall meet with the  
7296 Governing Body to address the specific concerns, describe the  
7297 process involved in the peer review and respond to questions  
7298 regarding the process and outcome of peer review. This  
7299 meeting shall be held in closed session with the Governing  
7300 Body as a subcommittee of the Joint Conference Committee.  
7301

7302 **15.8-5.4-b.1** The President shall report on such  
7303 procedural events as relevant and may include some  
7304 or all of the following:  
7305

7306 **15.8-5.4-b.1-a** Complaints, event reports or  
7307 surveillance screen triggers received;

7308  
7309 **15.8-5.4-b.1-b** Whether cases were reviewed;  
7310

7311 **15.8-5.4-b.1-c** Whether ongoing professional  
7312 practice evaluation, focused professional  
7313 practice evaluation, investigation or any other  
7314 review of a practitioner took place;  
7315

7316 **15.8-5.4-b.1-d** Whether department, division or  
7317 Executive Committee meetings considered the  
7318 issues; and  
7319

7320 **15.8-5.4-b.1-e** The description and outcome of the  
7321 peer review process; e.g., written or verbal  
7322 counseling, corrective actions done, policy  
7323 changes enacted, etc.  
7324

7325 **15.8-5.4-b.2** Questions by the Governing Body might  
7326 include:  
7327

7328 **15.8-5.4-b.2-a** Whether certain facts were available  
7329 to the reviewers;  
7330

7331 **15.8-5.4-b.2-b** Whether certain events occurred,  
7332 e.g., outside review of cases; and  
7333

7334 **15.8-5.4-b.2-c** Whether certain procedures were  
7335 followed, e.g., departmental review  
7336

7337 **15.8-5.4-b.3** Such questions shall not require the  
7338 disclosure of peer review confidential information.  
7339

7340 **15.8-5.4-c** Concerns of Governing Body Regarding Peer Review  
7341 Activities  
7342

7343 In the event the review of the peer review process, including  
7344 after any follow-up meetings, does not resolve the question of  
7345 whether the Governing Body has reasonable concerns  
7346 regarding whether the Association has failed to fulfill a  
7347 substantive duty or responsibility in matters pertaining to the  
7348 quality of patient care in peer review, an independent review  
7349 shall be conducted.  
7350

7351 The Governing Body will convey in writing the failure to fulfill a  
7352 substantive duty or responsibility that is the subject for its  
7353 concern and the basis upon which this conclusion was formed.  
7354 These written concerns will be the bases for independent  
7355 review.  
7356

7357 The independent review shall be performed by an individual  
7358 acceptable to both the Governing Body and the Association



and shall be a physician licensed to practice medicine in California with expertise in peer review and, if appropriate, be a specialist in the area of medicine related to the Governing Body's concern. The independent reviewer must qualify for and be appointed to the Adhoc Staff of the Association prior to performing the review. The reviewer shall have access to Association Credentials and Peer Review Files.

The reviewer shall report verbally to the Governing Body. Specifically, the report shall be limited to a discussion of the process, response to questions about the process and an opinion as to whether the Association has either fulfilled or failed to fulfill a substantive duty or responsibility in matters pertaining to the quality of patient care in peer review. The reviewer shall provide a similar report both verbally and in writing to the Association which may also include identified opportunities and recommendations to improve the peer review process.

**15.8-5.4-d Actions By Governing Body When Association Fails to Fulfill Substantive Duty Related to Peer Review**

If the independent reviewer concludes that the Association has failed to fulfill a substantive duty or responsibility in matters pertaining to the quality of patient care in peer review, the Governing Body shall act in conformance with California Business and Professions Code Sections 809.05(c) and 2282.5

**15.8-5.5** Confidential information contained in the credentials file of any member may be disclosed with the member's consent to any medical staff or professional licensing board. However, any disclosure outside of the Association shall require the authorization of the President.

**15.8-5.6** Members of the secretarial support staff and the Medical Center's Quality Assessment Resource Management Department who may have access to this information in performing their duties shall be informed of the confidential nature of the information and shall follow a procedure to assure their confidentiality.

**15.8-6 Member's Opportunity to Request Correction/Deletion of and to Make Addition to Information in His/Her Association Credentials File and Peer Review File(s)**

**15.8-6.1** After a member has received notification of the insertion of information in his/her Credentials File or Peer Review File(s) as provided in Section 15.8-3.3, or has reviewed information in his/her Credentials File or Peer Review File(s) as provided in Section 15.8-5.3, he/she may address to the President a written request for correction or deletion of information in his/her file(s). Such request shall include a statement of the specific information concerned and the basis for the action requested.

7410  
7411 **15.8-6.2** The President shall review such a request within thirty (30) days and  
7412 shall recommend to the Executive Committee whether or not to make the  
7413 correction or deletion requested. The Executive Committee, when so  
7414 informed, shall either ratify or initiate action contrary to this recommendation  
7415 by a majority vote.

7416  
7417 **15.8-6.3** The member shall be notified promptly, in writing, of the decision of the  
7418 Executive Committee.

7419  
7420 **15.8-6.4** In any case, a member shall have the right to add to his/her Credentials  
7421 File or Peer Review File(s), upon written request to the Executive Committee,  
7422 a statement responding to any information contained in the File.

7423  
7424 **15.9 RETALIATION PROHIBITED**

7425  
7426 **15.9-1 Prohibition**

7427  
7428 Neither the Association, its members, committees or department heads, the  
7429 Governing Body, its Chief Administrative Officer, the Chief Medical Officer, Chief  
7430 Executive Officer, Director or any other employee or agent of the Medical Center or  
7431 Association, may engage in any punitive or retaliatory action against any member of  
7432 the Association because that member claims a right or privilege afforded by, or  
7433 seeks implementation of any provision of, these Association bylaws.

7434  
7435 **15.9-2 Public Policy for Advocacy**

7436  
7437 The Association recognizes and embraces that it is the public policy of the State of  
7438 California that a physician and surgeon be encouraged to advocate for medically  
7439 appropriate health care for his or her patients. To advocate for medically appropriate  
7440 health care includes, but is not limited to, the ability of a physician to protest a decision,  
7441 policy, or practice that the physician, consistent with that degree of learning and skill  
7442 ordinarily possessed by reputable physicians practicing according to the applicable  
7443 legal standard of care, reasonably believes impairs the physician's ability to provide  
7444 medically appropriate health care to his or her patients. No person, including, but not  
7445 limited to, the Association, the Medical Center, its employees, agents, or members of the  
7446 Governing Body, shall retaliate against or penalize any member for such advocacy or  
7447 prohibit, restrict, or in any way discourage such advocacy, nor shall any person prohibit,  
7448 restrict, or in any way discourage a member from communicating to a patient information  
7449 in furtherance of medically appropriate health care.

7450  
7451 **15.9-3 Corrective Action Not Precluded**

7452  
7453 This Section 15.9 does not preclude corrective and/or disciplinary action as  
7454 authorized by these Association bylaws.

7455  
7456 **15.10 CONFLICT MANAGEMENT**

7457  
7458 **15.10-1** In the event of a conflict between the Executive Committee and the Association  
7459 (as represented by written petition signed by at least thirty-three (33) percent of the  
7460 voting members of the Association) regarding a proposed or adopted Rule, policy or

other issue of significance to the Association, the President shall convene a meeting with the petitioners' representative(s). The foregoing petition shall include a designation of up to five voting members of the Association who shall serve as the petitioners' representative(s). The Executive Committee shall be represented by an equal number of Executive Committee members. The Executive Committee's and the petitioners' representative(s) shall exchange information relevant to the conflict and shall work in good faith to resolve differences in a manner that respects the positions of the Association, the leadership responsibilities of the Executive Committee, and the safety and quality of patient care at the Medical Center. Resolution at this level requires a majority vote of the Executive Committee's representatives at the meeting and a majority vote of the petitioner's representatives. Unresolved differences shall be submitted to a vote of the Association, with at least a majority of voting members necessary to overrule the Executive Committee's decision with respect to the proposed Rule, policy, or issue.

**15.10-2** Except for matters involving access to peer review documents which is managed following the procedures described in Section 15.8-5.4, in the event of a dispute between the Association and the Governing Body relating to the independent rights of the Association, as further described in California Business & Professions Code Section 2282.5, the following procedures shall apply

**15.10-2.1 Invoking the Dispute Resolution Process**

**15.10-2.1-a** The Executive Committee may invoke formal dispute resolution, upon its own initiative, or upon written request of twenty-five (25) percent of the voting members of the Association.

**15.10-2.1-b** In the event the Executive Committee declines to invoke formal dispute resolution, such process shall be invoked upon written petition of fifty (50) percent of the voting members of the Association.

**15.10-2.2 Dispute Resolution Forum**

**15.10-2.2-a** Ordinarily, the initial forum for dispute resolution shall be the Joint Conference Committee, which shall meet and confer as further described in Section 11.4.

**15.10-2.2-b** However, upon request of at least two-thirds (2/3) of the members of the Executive Committee, the meet and confer will be conducted by a meeting of the full Executive Committee and the full Governing Body. A neutral mediator acceptable to both the Governing Body and the Executive Committee may be engaged to further assist in dispute resolution upon request of:

**15.10-2.2-b.1** At least a majority of the Executive Committee plus two (2) members of the Governing Body; or

7512 **15.10-2.2-b.2** At least a majority of the Governing Body  
7513 plus two (2) members of the Executive Committee.  
7514

7515 **15.10-2.2-c** The parties' representatives shall convene as early as  
7516 possible, shall gather and share relevant information, and shall  
7517 work in good faith to manage and, if possible, resolve the  
7518 conflict. If the parties are unable to resolve the dispute, the  
7519 Governing Body shall make its final determination giving great  
7520 weight to the actions and recommendations of the Executive  
7521 Committee. Further, the Governing Body determination shall  
7522 not be arbitrary or capricious, and shall be in keeping with its  
7523 legal responsibilities to act to protect the quality of medical  
7524 care provided and the competency of the Association, and to  
7525 ensure the responsible governance of the Medical Center.  
7526

7527 ARTICLE XVI  
7528

7529 FEES AND PROFITS  
7530

7531 **16.1 GENERAL RULES**  
7532

7533  
7534 Except as otherwise provided by County contract, no member of the Association shall  
7535 bill, accept, or receive any fee or gratuity for any type of service rendered to any patient  
7536 under the jurisdiction of the Medical Center, except as to those patients who are  
7537 designated as private patients of that member upon admission, or where that member is  
7538 called as a consultant for a private patient of another member.  
7539

7540 **16.2 DIVISION OF FEES**  
7541

7542 The practice of the division of fees under any guise whatsoever is forbidden, and any  
7543 such division of fees shall be cause for expulsion or exclusion from the Association.  
7544

7545 **16.3 RESEARCH**  
7546

7547 No member of the Association shall receive any direct pecuniary gain from any patient or  
7548 sources on behalf of any patient as a result of any research conducted in the Medical  
7549 Center.  
7550

7551 ARTICLE XVII  
7552

7553 INDEMNIFICATION AND INSURANCE  
7554

7555 **17.1 INDEMNIFICATION OF THE COUNTY**  
7556

7557  
7558 Notwithstanding any other provision of these bylaws, each practitioner (other than a  
7559 practitioner who (1) provides health services to a patient at the Medical Center within the  
7560 scope of his/her employment as a County Civil Service employee, whether classified or  
7561 unclassified, (2) provides health services to a patient at the Medical Center within the  
7562 scope of a contract which he/she has entered into with the County and which has been

approved by the Governing Body, or (3) provides health services to a patient at the Medical Center within the scope of a contract which has been entered into between a non-County entity and the County and which has been approved by the Governing Body) who renders services to and bills patients in the Medical Center shall indemnify, defend and hold harmless County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

## **17.2 GENERAL INSURANCE REQUIREMENTS**

Without limiting any such practitioner's indemnification of County, each such practitioner shall provide and maintain the programs of insurance specified in this Article XVII. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at the practitioner's own expense.

### **17.2-1 Evidence of Insurance**

Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Chief Medical Officer prior to any such practitioner rendering any services to any patient at the Medical Center. Such certificates or other evidence shall:

**17.2-1.1** Specifically reference these bylaws;

**17.2-1.2** Clearly evidence all required coverages;

**17.2-1.3** Contain the express condition that County is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance;

**17.2-1.4** Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner; and

**17.2-1.5** Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County or require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

### **17.2-2 Insurer Financial Ratings**

Insurance shall be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.

7614 **17.2-3 Failure to Maintain Coverage**

7615  
7616 Any failure by any such practitioner to provide and maintain the required insurance,  
7617 or to provide evidence of insurance coverage acceptable to County, shall constitute a  
7618 material violation of these bylaws and shall result in the immediate and automatic  
7619 suspension of the practitioner's Association membership and clinical privileges as  
7620 provided in Section 6.4-5. County, at its sole option, may obtain damages from the  
7621 practitioner resulting from such breach.

7622  
7623 **17.2-4 Notification of Incidents, Claims or Suits**

7624  
7625 Each such practitioner shall notify the County, or its authorized claims  
7626 representative, by Department of Health Services Event Notification Report of any  
7627 occurrence of disease, illness, death, injury to persons or destruction of property, or  
7628 any malpractice, error, or event that is potentially compensable (e.g., any adverse  
7629 event related to hospitalization or treatment, any deviation from expected outcomes).  
7630 If a claim is made or suit is brought against the practitioner and/or the County, the  
7631 practitioner shall immediately forward to the County, or its authorized claims  
7632 representative, copies of every demand, notice, summons or other process received  
7633 by him/her or his/her representative. In addition, each such practitioner shall  
7634 cooperate with and assist the County, or its authorized representatives, in  
7635 accordance with County and Medical Center procedures.

7636  
7637 **17.2-5 Compensation for County Costs**

7638  
7639 In the event that any such practitioner fails to comply with any of the indemnification  
7640 or insurance requirements of these bylaws, and such failure to comply results in any  
7641 costs to County, the practitioner shall pay full compensation to County for all costs  
7642 incurred by County.

7643  
7644 **17.3 INSURANCE COVERAGE REQUIREMENTS:**

7645  
7646 **17.3-1** Workers' Compensation and Employers' Liability insurance providing workers'  
7647 compensation benefits, as required by the Labor Code of the State of California or by  
7648 any other state, and for which such practitioner is responsible. This insurance also  
7649 shall include Employers' Liability coverage with limits of not less than the following:

7650  
7651 Each Accident: \$1 million  
7652 Disease - policy limit: \$1 million  
7653 Disease - each employee: \$1 million

7654  
7655 **17.3-2** Professional Liability Insurance covering liability arising from any error, omission,  
7656 negligent or wrongful act of the practitioner, its officers or employees with limits of not  
7657 less than \$1 million per occurrence and \$3 million aggregate. The coverage also  
7658 shall provide an extended two year reporting period commencing upon termination or  
7659 cancellation of clinical privileges.

7660  
7661 **ARTICLE XVIII**

7662  
7663 **CONFLICT OF INTERESTS IN RESEARCH**



Investigators at the Medical Center must avoid conflicts of interest with respect to their research. Claims of either fraud or conflicts of interest related to research shall be determined by the Office of Compliance of the Los Angeles Biomedical Research Institute at Harbor-UCLA (LABioMed) and the appropriate committee(s) of LABioMed. The President and the Chief Medical Officer shall be advised of all claims of fraud or conflict of interest and shall be apprised of the investigation and findings of the LABioMed determination.

## ARTICLE XIX

### AMENDMENT OF BYLAWS

#### **19.1 PROCEDURE**

Upon the request of (1) the Executive Committee, (2) the President or (3) upon timely written petition signed by at least thirty percent (30%) of the Association members in good standing entitled to vote as described in Article III, consideration shall be given to the adoption, amendment or repeal of these Bylaws.

#### **19.2 APPROVAL**

These bylaws may be amended at any annual or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of the proposed amendment(s) and the time and place of the meeting. The wording may be sent in electronic form. To be adopted, an amendment shall require an affirmative majority vote of those present and eligible to vote, provided that a quorum exists as described in Section 12.5-1. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Body, in writing, and shall be forwarded to the President, the Executive Committee and the Bylaws Committee.

#### **19.3 EXCLUSIVITY**

The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the Association bylaws.

#### **19.4 EFFECT OF THE BYLAWS**

##### **19.4-1 Contractual Relationship**

Upon adoption and approval as provided in this Article XIX, in consideration of the mutual promises and agreements contained in these bylaws, the Medical Center and the Association, intending to be legally bound, agree that these bylaws shall constitute part of the contractual relationship existing between the Medical Center and the Association members, both individually and collectively.

##### **19.4-2 Prohibition Against Unilateral Amendment**

These bylaws may not be unilaterally amended or repealed by the Association or the Governing Body.

No Association governing document and no Medical Center corporate bylaws or other Medical Center governing document shall include any provision purporting to allow unilateral amendment of the Association bylaws or other Association governing document.

#### **19.4-3 Conflicting Governing Body or Medical Center Bylaws or Policies**

Medical Center corporate bylaws, policy, rules, or other Medical Center requirements that conflict with Association bylaw provisions, rules, regulations and/or policies and procedures, shall not be given effect and shall not be applied to the Association or its individual members

### **19.5 SUCCESSOR IN INTEREST**

#### **19.5-1 Successor in Interest**

These bylaws, and privileges of individual members of the Association accorded under these bylaws, will be binding upon the Association and the Governing Body of any successor in interest in this Medical Center, except where hospital medical staffs are being combined. In the event that the staffs are being combined, the medical staffs shall work together to develop new bylaws which will govern the combined medical staffs, subject to the approval of the Governing Body or its successor in interest. Until such time as the new bylaws are approved, the existing bylaws of each institution will remain in effect.

#### **19.5-2 Affiliations**

Affiliations between the Medical Center and other hospitals, health care systems or other entities shall not, in and of themselves, affect these bylaws.

### **19.6 CONSTRUCTION OF TERMS AND HEADINGS**

The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope of or affect any of the substantive provisions of these bylaws. These bylaws apply with equal force to both genders wherever either term is used.